

INSTRUCTIONS FOR COMPLETING THE FLORIDA UNIFORM TRAFFIC CRASH REPORT FORMS



STATE OF FLORIDA
Department of Highway Safety and Motor Vehicles
Neil Kirkman Building
Tallahassee, Florida 32399-0500

**FLORIDA TRAFFIC CRASH REPORT
LONG FORM / SHORT FORM
HSMV-90003**

FLORIDA TRAFFIC CRASH REPORT

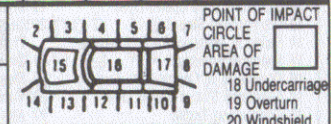
☐ LONG FORM ☐ SHORT FORM

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

50995046

Time & Location	DATE OF CRASH		TIME OF CRASH		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
											50995046	
	COUNTY / CITY CODE		Feet or Miles		N S E W		CITY OR TOWN		(Check if in City or Town)		COUNTY	
Vehicle	AT NODE NO. or		FEET / MILES		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		ON STREET, ROAD OR HIGHWAY	
	1 2		1 2						1 DIVIDED 2 UNDIVIDED			
	AT INTERSECTION OF		or		FEET / MILES		N S E W		OF INTERSECTION OF			
Pedestrian	DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER	
	1 Phantom 2 Hit & Run 3 N/A										STATE	
											VEHICLE IDENTIFICATION NUMBER	
Vehicle	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE							
Pedestrian	VEHICLE TRAVELING		ON		At		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE	
	N S E W										1 Disabling 2 Functional 3 No Damage	
											EST. TRAILER DAMAGE	
Vehicle	INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER				VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
Pedestrian	OWNER'S FULL NAME (Check if Driver)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
	OWNER'S FULL NAME (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
Vehicle	DRIVER (Exactly as on Driver License) / Pedestrian				CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		DATE OF BIRTH	
Pedestrian	DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		BAC TEST		3 Urine	
									1 Blood 2 Breath		4 Refused 5 None	
											RESULTS	
Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No		PLACARDED		1 Yes 2 No		RECOMMEND RE-EXAM		1 Yes 2 No	
											If YES, Explain in Narrative	
											DRIVER'S PHONE NO.	
Pedestrian	PASSENGER'S NAME (Additional on Continuation Page)				CURRENT ADDRESS				CITY & STATE / ZIP		AGE LOC. INJ. S. EQUIP. EJECT.	



Code Information	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver Only)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE		LOCATION (In Vehicle)		
	01 Automobile 02 Passenger Van 03 Pickup/Light Truck (2 rear tires) 04 Medium Truck (4 rear tires) 05 Heavy Truck (2 or more rear axles) 06 Truck Tractor (Cab) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 77 Other		01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 77 Other		01 Single Semi Trailer 02 Tandem Semi Trailer(s) 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other		1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown		1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect		1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending BAC Test Result		1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other		
							DL TYPE RACE 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 None		1 White 2 Black 3 Hispanic 4 Other		INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 90 Days) 6 Non-Traffic Fatality		SAFETY EQUIPMENT IN USE 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag 5 Safety Helmet 6 Eye Protection		EJECTED 1 No 2 Yes 3 Partial

Section 3

DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE								15 16 17 14 13 12 11 10 9	
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE			
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other			
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH					
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END	BAC TEST 3 Urine 1 Blood 2 Breath 4 Refused 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		PLACARDED	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	RECOMMEND RE-EXAM	1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>	If YES, Explain in Narrative	DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE		LOC.	INJ.	S. EQUIP.	EJECT.
#1 PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP
#2 PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP
CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS					
01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)		01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance					
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 All Other (Explain)		LOCATION ON ROADWAY 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone		PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road		07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown		LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country			
FIRST / SUBSEQUENT HARMFUL EVENT		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION							
01 Collision With MV in Transport (Rear-end) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed into) 08 Collision With Parked Car 09 Collision With MV on Other Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train		15 Collision With Animal 16 MV Hit Sign/Sign Post 17 MV Hit Utility Pole/Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree/Shrubbery 23 Collision With Construction Barricade/Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road		29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 77 All Other (Explain)		01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 77 All Other		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown			
		ROAD SURFACE / CONDITION		WEATHER		ROAD SURFACE TYPE					
		01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain)		01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain)		01 Slag / Gravel / Stone 02 Blacktop 03 Brick / Block 04 Concrete 05 Dirt 77 All Other (Explain)					
CONTRIBUTING CAUSES - ROAD		CONTRIBUTING CAUSES - ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER			
01 No Defects 02 Obstruction With / Without Warning 03 Road Under Repair / Construction 04 Loose Surface Materials 05 Shoulders - Soft / Low / High 06 Holes / Ruts / Unsafe Paved Edge 07 Standing Water 08 Worn / Polished Road Surface 77 All Other (Explain)		01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)		01 No Control 02 School Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer / Guard / Flagman 09 Posted No U-Turn 10 Special Speed Zone		11 No Passing Zone 77 All Other (Explain)		01 Not At Intersection / RR X'ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private		1 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb	
VIOLATOR		FL STATUTE NUMBER		NAME		CHARGE		CITATION #			

TYPE OF REPORT

FLORIDA TRAFFIC CRASH REPORT

☐ LONG FORM

☐ SHORT FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

This space is used to identify the type of traffic crash report selected.

- o Enter an X in the appropriate box.

The combined long form/short form is used to report traffic crashes. The law enforcement officer called to the scene of the traffic crash will determine the type of crash report to complete. The criteria for selecting a long form or short form has not changed. The procedures for completing the reports remain the same.

A long form is required for all traffic crashes required to be reported to the department in writing by the investigating law enforcement officer (section 316.066, [3a], Florida Statutes). These include; crashes that resulted in death or personal injury, and crashes that involved a violation of s. 316.027(2), s. 316.061(1), or s. 316.193. Crashes that only disabled a vehicle and rendered it inoperable to the extent a wrecker was required to remove it from the scene, may or may not be reported on a long form. All long forms must be submitted along with a narrative/diagram report (HSMV-90005). The long form must be filled out completely.

If a short form is used, only the shaded areas are required to be filled out. This includes the shaded areas on the narrative/diagram report (HSMV-90005).

Use the Driver Exchange of Information Report (HSMV-90006) in conjunction with a long form or short form. A Commercial Vehicle Supplement Report (HSMV-90007) must be completed if a commercial vehicle is involved in the traffic crash.

TIME AND LOCATION SECTION
(HSMV-90003)

DATE OF CRASH

DATE OF CRASH		
01	01	95

Enter the date of the traffic crash in month, day, and year order, in the following manner:

- o The month to be displayed by using the numbers 01 through 12.
- o The day to be displayed by using the numbers 01 through 31.
- o The appropriate year to be displayed as required.

TIME OF CRASH

TIME OF CRASH		
11:15	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM

Use the 12 hour clock system to identify the time of the traffic crash. Do not use the 24 hour clock system (aka military time).

- o Enter the time of day, or the approximate time of day, the traffic crash occurred.
- o Place an X in the AM or PM box.
- * Midnight is considered AM, while noontime is considered PM.

TIME OFFICER NOTIFIED

TIME OFFICER NOTIFIED		
11:30	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM

Use the 12 hour clock system to identify the time of notification. Do not use the 24 hour clock system (aka military time).

- o Enter the time of day you were notified of the traffic crash.
- o Place an X in the AM or PM box.
- * Midnight is considered AM, while noontime is considered PM.

TIME AND LOCATION SECTION CONT.
(HSMV-90003)

TIME OFFICER ARRIVED

TIME OFFICER ARRIVED	
11:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Use the 12 hour clock system to identify the time of arrival. Do not use the 24 hour clock system (aka military time).

- o Enter the time of day you arrived at the scene of the traffic crash.
- o Place an X in the AM or PM box.
- * Midnight is considered AM, while noontime is considered PM.

INVESTIGATING AGENCY REPORT NUMBER

INVEST. AGENCY REPORT NUMBER
95-01-123

This space is used to identify the report number of the investigating law enforcement agency.

- o Enter the investigating agency report number.
- * The same investigating agency report number must appear on the update/continuation report (HSMV-90004, if it is used), the narrative/diagram report (HSMV-90005), and commercial vehicle supplement report (HSMV-90007, if it is used).

HSMV CRASH REPORT NUMBER

HSMV CRASH REPORT NUMBER
50995035

This is the eight digit pre-printed crash report number which appears on the Florida Traffic Crash Long Form/Short Form Report (HSMV-90003).

- o The same eight digit pre-printed crash report number must appear on the update/continuation report (HSMV-90004, if it is used), the narrative/diagram report (HSMV-90005), and the commercial vehicle supplement report (HSMV-90007, if it is used).

TIME AND LOCATION SECTION CONT.
(HSMV-90003)

COUNTY/CITY CODE

COUNTY / CITY CODE
13 50

This space is used to identify the county and city (place) codes. Please refer to Appendix 1 for these codes.

- o Enter the appropriate county and city code.
- o Enter 00 for the city code if the traffic crash occurred outside the corporate limits of the city or in an unincorporated place.

CITY OR TOWN

Feet or	Miles	N	S	E	W	CITY OR TOWN	(Check if in City or Town)	Feet or	Miles	N	S	E	W	CITY OR TOWN	(Check if in City or Town)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	of Tallahassee	<input checked="" type="checkbox"/>		2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	of Tallahassee	<input type="checkbox"/>

This space is used to identify the city or town where the traffic crash occurred or the nearest city or town to the traffic crash scene.

- o If the traffic crash occurred within the corporate limits of a city or town, enter the name of the city or town in the space provided and place an X in the space titled "Check if in City or Town."
- o If the traffic crash occurred outside the corporate limits of a city or town enter the name of the nearest city or town. Enter the distance to the nearest city or town in feet or miles, and place an X in the appropriate box to indicate the direction from the city or town where the collision occurred.
- * Please do not abbreviate the name of the city or town.

COUNTY

COUNTY
Leon

This space is used to identify the county where the traffic crash occurred.

- o Enter the name of the county where the traffic crash occurred.
- * Please do not abbreviate the name of the county.

TIME AND LOCATION CONT.
(HSMV-90003)

NODE NUMBERS

AT NODE NO.	or	FEET / MILES	FROM NODE NO.	NEXT NODE NO.
00012		1 <input type="checkbox"/> 2 <input type="checkbox"/>		00013

Node numbers are used as a point of reference to identify the frequency of traffic crashes at different locations. Node numbers are assigned by state and local jurisdictions in support of an active crash location system. A list of node numbers for state roads can be obtained from all Florida Department of Transportation Safety Offices (Appendix 2).

Examples:

- o If a traffic crash occurred at a location where a node number has been assigned, enter the node number in the space titled "At Node No.". Enter the next closest node number on the road in the space titled "Next Node No. on Road."

AT NODE NO.	or	FEET / MILES	FROM NODE NO.	NEXT NODE NO.
100		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>	00012	00013

- o If a traffic crash occurred at a location where a node number has not been assigned, enter the nearest node number in the space titled "From Node No." Enter the distance to the nearest node number in feet or miles and place an X in the appropriate box. Enter the next closest node number on the road in the space titled "Next Node No. on Road."

TIME AND LOCATION CONT.
(HSMV-90003)

NUMBER OF LANES

NO. OF LANES
4

This space is used to identify the number of clearly marked lanes (roadways/traffic ways) on a highway.

- o Enter the number of lanes on the highway where the traffic crash occurred. (This includes the number of lanes on both sides of the median but does not include turn lanes and safety zones).
- * If impact occurred at an intersection and involves two vehicles traveling on different highways, place the number of lanes of the highway with the highest classification in the space provided.

DIVIDED-UNDIVIDED

1 DIVIDED
2 UNDIVIDED

This space is used to identify if a highway is divided or undivided (s.316.090,FS).

- o Place the number 1 or 2 in the box to indicate whether the highway is divided or undivided.

ON STREET, ROAD, OR HIGHWAY

ON STREET, ROAD OR HIGHWAY
U.S. 90 (Tennessee Street)

Identify the name of the street, road, or highway where the traffic crash occurred. List the highest classification first. List the next highest classification or local names or alias in parentheses. The latter classification is based on the jurisdiction investigating the traffic crash.

- o If the traffic crash occurred in a parking lot, enter the name of the parking lot.
- o If the traffic crash occurred on private property, enter "private property" and the address.

TIME AND LOCATION CONT.
(HSMV-90003)

INTERSECTION

AT INTERSECTION OF or FEET / MILES N S E W OF INTERSECTION OF
Monroe Street 1 ☐ 2 ☐ ☐ ☐ ☐ ☐

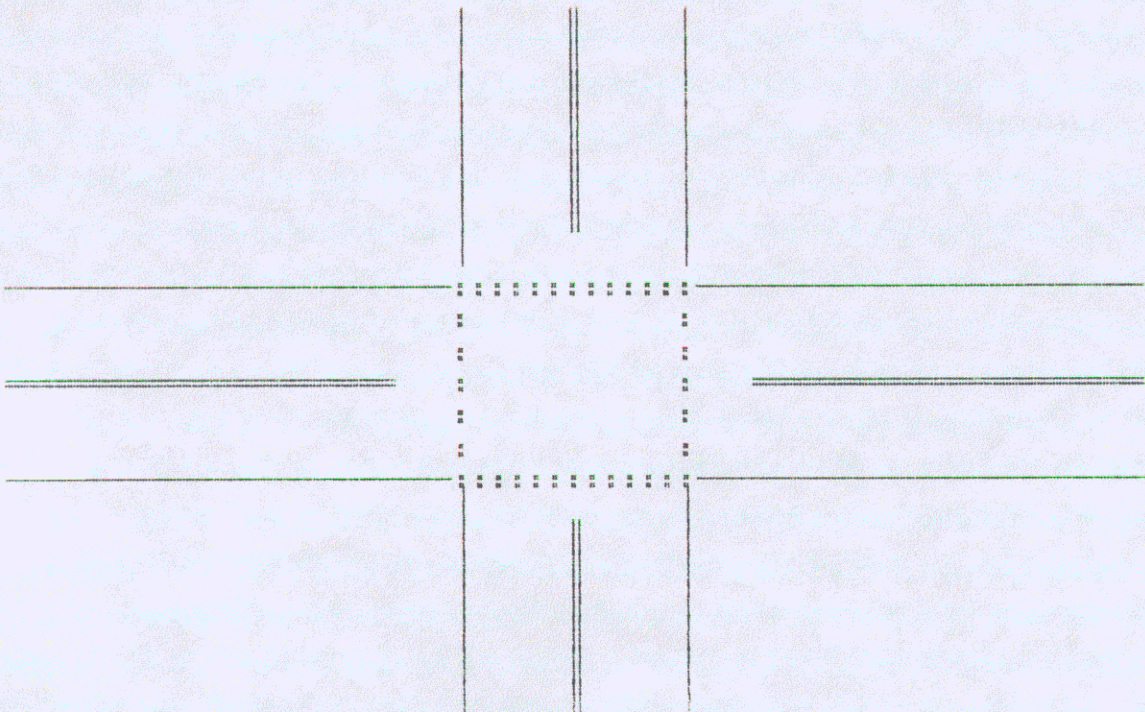
This space is used to identify if a traffic crash occurred within an intersection or close to an intersection.

An intersection crash is any traffic crash in which the first harmful event occurs within the limits of an intersection. The area within the dotted lines (below diagram) identifies the limits of an intersection.

- o If the traffic crash occurred within an intersection, enter the name of the highway intersecting with the previously identified street, road or highway.

AT INTERSECTION OF or FEET / MILES N S E W OF INTERSECTION OF
50 1 ☒ 2 ☐ ☐ ☐ ☒ ☐ Monroe Street

- o If the traffic crash occurred outside the confines of an intersection, indicate the distance in feet or miles and place an X in the appropriate box. Place an X in the appropriate box to indicate the direction from the intersection where impact occurred.



VEHICLE OR PEDESTRIAN INFORMATION
SECTIONS 1, 2, and 3
(HSMV-90003)

THE MARGIN

Pedestrian ☐ Vehicle ☒

This space is used to identify vehicle or pedestrian involvement.

- o Place an X in the vehicle or pedestrian box provided. Only one box per section can be marked.

DRIVER ACTION

DRIVER	1 Phantom	<input type="text" value="3"/>
ACTION	2 Hit & Run	
	3 N/A	

This space is used to identify a phantom or hit-and-run driver.

Phantom Driver: is any driver of a non-contact vehicle who leaves the scene of the traffic crash. The driver of a non-contact vehicle who remains at the scene of the traffic crash is not a phantom driver.

Hit and Run: is any driver who strikes another vehicle, pedestrian or causes damage to other property and leaves the scene of the traffic crash.

- o If a driver is a phantom driver, place the number 1 in the box provided.
- o If a driver is a hit-and-run driver, place the number 2 in the box provided.
- o If a driver is not a phantom or hit and run driver, place the number 3 (not applicable) in the box provided.

VEHICLE YEAR

YEAR
93

This space is used to display the model year of the vehicle.

- o Enter the year of the vehicle.
- o Enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

VEHICLE MAKE

MAKE
Ford

This space is used to identify the trade name (make) assigned to a vehicle by the manufacturer; for example, Ford, Mercury, Chevrolet, and Oldsmobile.

- o Enter the first four letters or the entire make of the vehicle.
- o Do not use the model name; for example, LTD, Monte Carlo, 280Z, Celica.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE TYPE

TYPE
01

This space is used to identify the type of vehicle involved in the traffic crash. The information to complete this space is located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section.

- o Enter the proper vehicle type code in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

Vehicle Type categories of single unit trucks are defined by the number of rear tires or rear axles. A truck with only two rear tires should be coded 03 (Pickup/Light Truck [two rear tires]). A truck with 4 rear tires on a single axle, including pickups or delivery vans meeting this description, should be coded 04 (Medium Truck[4 rear tires]). A single unit truck with two or more rear axles, regardless of the number of tires, should be coded 05 (Heavy Truck[two or more rear axles]). Truck tractors designed for towing a semi trailer should be coded 06 (Truck Tractor[Cab]), whether or not the trailer is present. Code 12 (All Terrain Vehicle) should be used for small three and four wheeled "ATVs" of the type normally used for off-road recreation.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

VEHICLE USE

This space is used to identify additional vehicle characteristics. The information to complete this space is located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section. The vehicle use code should agree with the vehicle type code; for example, vehicle type 08 (Bus) and vehicle use 05 (Public School Bus).

- o Enter the proper vehicle use code in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE LICENSE NUMBER

VEH. LICENSE NUMBER
ABC-123

This space is used to identify the vehicle license plate number of the vehicle supplying power.

- o Enter the license plate number of the vehicle involved. Enter "None" if missing, never licensed or not required.
- o If unknown, Enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

STATE

STATE
FL

This space is used to identify the state which issued the vehicle license plate.

- o Enter the state of issuance. Use the standard, two letter postal service abbreviations for all states (Appendix 3).

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

VEHICLE IDENTIFICATION NUMBER (VIN)

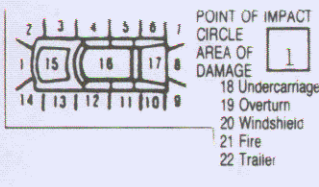
VEHICLE IDENTIFICATION NUMBER
01352PF64AT0000

This space is used to identify the vehicle identification number.

- o Enter the complete vehicle identification number in the space provided.

The VIN is a unique set of numbers generated by the vehicle manufacturer which describes the characteristics of each vehicle in a coded format. The VIN is essential to determining proper ownership of a particular vehicle and it is imperative that the numbers are displayed in the proper sequence. The VIN appears on the vehicle registration certificate and the manufacturers identification number plate located at the bottom of the windshield on the drivers side of the vehicle. When possible the VIN from the vehicle registration certificate should be verified with the manufacture's identification number plate.

POINT OF IMPACT



This space identifies the first point of impact and other damaged areas sustained by a vehicle because of a traffic crash. Identify the first point of impact by selecting the corresponding number from the area of vehicle damage diagram.

- o Enter the first point of impact in the space provided (box) by selecting the corresponding number from the diagram.
- o Circle the first point of impact and all other damaged areas on the diagram.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

TRAILER OR TOWED VEHICLE INFORMATION

This formatted record was added to the Florida Traffic Crash Report for trailer and towed vehicle identification purposes. This information must be completed for traffic crashes involving: (1) all trailers that are being towed by another vehicle and are involved in a traffic crash, (2) all trailers that are unhitched (properly parked or improperly parked) and are involved in a traffic crash, and (3) all other driverless vehicles being towed that are involved in a traffic crash.

Note: Any vehicle which is being towed and guided by a driver positioned behind the steering wheel must appear in a separate vehicle section.

TRAILER YEAR OR TOWED VEHICLE YEAR (No Driver)

92

This space is used to display the model year of the trailer or towed vehicle.

- o Enter the year of the trailer or towed vehicle.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

TRAILER MAKE OR TOWED VEHICLE MAKE (No Driver)

Card

This space is used to identify the trade name (make) assigned to the trailer or towed vehicle by the manufacturer. A towed vehicle is a driverless disabled vehicle that is being pulled by another vehicle.

- o Enter the first four letters or the entire make of the trailer or towed vehicle.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

TRAILER TYPE OR TOWED VEHICLE TYPE (No Driver)

TRAILER TYPE

06

This space is used to identify the type of trailer or towed vehicle involved in the traffic crash. The information to complete this space is located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section.

- o Enter the proper trailer type code (09 for towed vehicle) in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

Trailer Type code 02 (Tandem Semi Trailer[s]) applies to double or triple semi rigs. This necessarily indicates two or more trailers on that vehicle. However, there is space for only one set of trailer data. The investigating officer should choose which trailer to record.

Trailer Type code 06 (Utility Trailer) includes various small trailers such as rental utility trailers, horse trailers, and trailers used by lawn services. Trailer Type code 09 (Towed Vehicle) applies to other driverless vehicles under tow by a wrecker or another conveyance.

VEHICLE LICENSE NUMBER (Trailer or Towed Vehicle)

02-345

This space is used to identify the vehicle license plate number of the trailer or towed vehicle.

- o Enter the license plate number of the trailer or towed vehicle in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

STATE

FL

This space is used to identify the state which issued the vehicle license plate of the trailer or towed vehicle.

- o Enter the state of issuance of the trailer or towed vehicle in the space provided. Use the standard, two letter postal service abbreviations for all states (Appendix 3).
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE IDENTIFICATION NUMBER (VIN) (Trailer or Towed Vehicle)

102030 AB

This space is used to identify the vehicle identification number of the trailer or towed vehicle.

- o Enter the vehicle identification number of the trailer or towed vehicle in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE TRAVELING

VEHICLE TRAVELING				ON	At	Est. MPH
N	S	E	W			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monroe Street		

This space is used to identify the name of the street, road or highway the vehicle or pedestrian was traveling on when the traffic crash occurred. This space is also used to identify the direction of travel of the vehicle or pedestrian.

- o Enter the name of the street, road, or highway each vehicle or pedestrian was traveling on.
- o Enter the direction of travel on the street, road or highway prior to impact by placing an X in the appropriate box.

VEHICLE TRAVELING Cont.

- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

ESTIMATED SPEED

VEHICLE TRAVELING				ON	At	Est. MPH
N	S	E	W			
X				Monroe Street		55

This space is used to identify the estimated speed the vehicle was traveling prior to impact.

- o Enter the estimated speed in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

POSTED SPEED

Posted Speed
35

This space is used to identify the posted speed for the street, road, or highway the vehicle or pedestrian was traveling on at the time the traffic crash occurred.

- o Enter the posted speed in the space provided.

ESTIMATED VEHICLE DAMAGE

EST. VEHICLE DAMAGE
\$ 4000.00

This space is used to identify the estimated property damage sustained by a vehicle involved in a traffic crash. All estimates of damage should be displayed numerically and rounded off to the nearest dollar.

- o If the vehicle is damaged, enter the estimated damage amount in the space provided.
- o If the vehicle is totaled, enter the estimated damage amount in the space provided. DO NOT enter the word totaled.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

ESTIMATED VEHICLE DAMAGE Cont.

- o If the vehicle was not damaged, enter 00.
- o If not applicable, draw a diagonal line in the space provided.

NOTE: This space must be completed to initiate Financial Responsibility proceedings against an owner or driver for confirmation of motor vehicle liability insurance. If an owner or driver is found to be uninsured and if the driver was issued a citation for a moving traffic violation, the Bureau of Financial Responsibility will require the owner or driver to post security equal to the estimated amount of vehicle damage. Remember, this is an estimate of vehicle damage only and the amount will be adjusted when verification of actual damage is received.

DAMAGE SEVERITY

1 Disabling
2 Functional
3 No Damage

1

This space is used to identify to what extent a vehicle is damaged. There are three categories for assessing damage severity to a vehicle:

1. Disabling Damage -- vehicle must be towed from the scene of the traffic crash because it is inoperable.
2. Functional Damage -- vehicle is operable and can leave the scene of the traffic crash under its own power.
3. No Damage -- no visible signs of damage.

A traffic crash involving only disabling damage may or may not be reported to the department on the Florida Traffic Crash Report (Form Number, HSMV-90003).

- o Enter the number 1 in the space provided if the vehicle is disabled and must be towed from the scene.
- o Enter the number 2 in the space provided if the vehicle is functional and is driven away from the scene.
- o Enter the number 2 in the space provided if the vehicle is functional and is towed from the scene.
- o Enter the number 3 if no damage occurred.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OF PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

ESTIMATED TRAILER OR TOWED VEHICLE DAMAGE (No Driver)

EST TRAILER DAMAGE

\$ 900.00

This space is used to reflect the estimated property damage sustained by a trailer or towed vehicle involved in a traffic crash. All estimates of damage should be reflected numerically and rounded off to the nearest dollar.

- o Enter the estimated damage amount in the space provided if the trailer or towed vehicle is damaged.
- o Enter the estimated damage amount in the space provided if the trailer or towed vehicle is totaled. DO NOT enter the word totaled.
- o Enter 00 if the trailer or towed vehicle was not damaged.
- o If the trailer contents or load is damaged, enter the estimated damage amount in the space titled "Property Damage-Other Than Vehicle Record" located on page 2 of the Florida Traffic Crash Report (Form Number HSMV-90003).
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

INSURANCE COMPANY (LIABILITY OR PIP)

INSURANCE COMPANY (LIABILITY OR PIP)

POLICY NUMBER

Firebase Fire and Casualty

APDS-105MM

This space is used to identify the motor vehicle insurance company of the vehicle owner and/or driver. The best source for obtaining this information is a valid motor vehicle insurance identification card, insurance policy or insurance binder. These items are issued to a policyholder by their insurance company.

- o Enter the name of the motor vehicle insurance company.
- o Enter the policy number.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

VEHICLE REMOVED BY

VEHICLE REMOVED BY:

Delta Wrecker

1 Tow Rotation List
2 Tow Owner's Request

3 Driver
4 Other

1

This space is used to identify the person, garage, or wrecker service that removed the vehicle from the scene of the traffic crash and how the vehicle was removed.

- o Enter the appropriate name and place the number 1, 2, 3, or 4 in the box provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

OWNER'S FULL NAME

CHECK IF DRIVER [X]

OWNER'S FULL NAME (Check if Driver)

☐

John E. Doe

This space is used to identify the owner of the vehicle.

- o If the owner is a person, enter the first name, middle initial, and last name.
- o If joint ownership is established enter only one name.
- o If the owner and driver are the same, enter "Same as Driver" and place an X in the box provided.
- o If the owner is a company or corporation, enter the full legal name of the company or corporation to which the vehicle is registered.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

OWNER'S CURRENT ADDRESS (VEHICLE)

CURRENT ADDRESS (Number and Street)

1010 6th Street

This space is used to identify where the owner lives.

- o Enter the current address of the owner.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

CITY AND STATE

ZIP CODE

CITY AND STATE

Tallahassee, FL

ZIP CODE

32301

This space is used to identify the city and state of residence.

- o Enter the name of the city and state.
- o Do not abbreviate the name of the city.
- o Use the standard two letter postal service abbreviations for all states (Appendix 3).
- o Enter the appropriate Zip Code in the space provided.
- o If unknown, enter UK in the spaces provided.
- o If not applicable, draw a diagonal line in the space provided.

OWNER'S FULL NAME (TRAILER OR TOWED VEHICLE)

OWNER'S FULL NAME (Trailer or Towed Vehicle)

Bill Doe

This space is used to identify the owner of the trailer or towed vehicle.

- o If the owner is a person, enter the first name, middle initial, and last name.
- o If joint ownership is established enter only one name.
- o If the trailer or towed vehicle owner is the same as the driver or vehicle owner, enter "Same as Driver" or "Same as Vehicle Owner".

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

OWNER'S FULL NAME (TRAILER OR TOWED VEHICLE) Cont.

- o If the owner is a company or corporation, enter the full name of the company or corporation to which the vehicle is registered.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

OWNER'S CURRENT ADDRESS (TRAILER OR TOWED VEHICLE)

CURRENT ADDRESS (Number and Street)

Route 1, Box 10

This space is used to identify where the owner of the trailer or towed vehicle lives.

- o Enter the current address of the owner.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

CITY AND STATE

CITY AND STATE

Tallahassee, FL

ZIP CODE

ZIP CODE

32302

This space is used to identify the city and state of residence.

- o Enter the name of the city and state.
- o Do not abbreviate the name of the city.
- o Use the standard two letter postal abbreviations for all states (Appendix 3).
- o Enter the appropriate Zip Code in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

DRIVER/PEDESTRIAN

DRIVER (Exactly as on Driver License) / Pedestrian

Mary P. Doe

This space is used to identify the name of the driver of the vehicle or the name of the pedestrian.

- o Enter the name of the vehicle driver or pedestrian in the following manner: first name, middle name, and last name. The Florida Driver License displays the licensee's name in this sequence.
- o If the driver license was issued by another state, and the last name appears first, enter the driver's first name, middle name and last name.
- o If the driver does not have a driver's license, enter the driver's first name, middle name and last name.
- o If the driver has changed his or her name since the last issue date of the driver license, enter the driver's first name, middle name, and last name and the name change in parentheses.
- o Enter the driver's name if the vehicle was properly parked or improperly parked.
- o If the driver's name is unknown, enter UK in the space provided.
- o If the pedestrian's name is unknown, enter UK in the space provided.

DRIVER'S/PEDESTRIAN'S CURRENT ADDRESS

CURRENT ADDRESS (Number and Street)

1010 6th Street

This space is used to identify where the vehicle driver or pedestrian lives. The Florida driver's license should be the source document used to determine the driver's address; however, there is a possibility the address appearing on the driver license is incorrect since the driver could have moved after the driver license was issued. If possible, question the driver prior to recording this information.

- o Enter the current address of the vehicle driver or pedestrian.
- o If unknown, enter UK in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

CITY AND STATE

ZIP CODE

CITY AND STATE

Tallahassee, Fl.

ZIP CODE

32302

This space is used to identify the city and state of residence.

- o Enter the name of the city and state where the driver or pedestrian resides.
- o Do not abbreviate the name of the city.
- o Use the standard two letter postal service abbreviations for all states (Appendix 3).
- o Enter the appropriate zip code.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

DATE OF BIRTH

DATE OF BIRTH

10-01-51

The space is used to display the date of birth of the vehicle driver or pedestrian.

- o Enter the date of birth.
- * The month to be displayed by using the numbers 01 through 12;
- * The day to be displayed by using the number 01 through 31; and
- * The appropriate year to be displayed as required (the last two digits).

DRIVER LICENSE NUMBER

DRIVER LICENSE NUMBER

D184-326-51-082

This space is used to identify the driver license number of the vehicle driver.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

DRIVER'S LICENSE NUMBER Cont.)

- o Enter the Florida Driver's License Number in the space provided.
- o If the vehicle driver is an out-of-state resident, enter the out-of-state driver license number in the space provided.
- o If the vehicle driver does not have a driver's license, enter "NONE" in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

The driver license number ensures that the appropriate driver record is updated. The fact that the driver was involved in a traffic crash will be reflected on his or her driver history record. Therefore, it is very important to enter the driver license number correctly on the traffic crash report.

STATE

STATE
FL

This space is used to identify the state that issued the driver license.

- o Enter the name of the state that issued the driver license.
- o Use the standard two letter postal service abbreviations for all states (Appendix 3).
- o If not applicable, draw a diagonal line in the space provided.

D. L. TYPE

DL
TYPE
E

This space is used to identify the driver license type (class) and the kinds of vehicles the licensee is authorized to operate. The D.L.TYPE codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003), in the "Code Information" section.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

D. L. TYPE Cont.

- o Enter the correct D.L.TYPE code in the space provided.
- o Enter code number 7 in the space provided if the vehicle operator fails to present a driver license or if the vehicle operator is not licensed.
- o Enter a diagonal line in the space provided if a pedestrian is involved or if a driver license is not required.

The Driver License Type Codes (D.L.Type) accommodates Florida's recent change to a classified driver license system. Classes A, B and C are the new types of driver licenses required to operate certain commercial motor vehicles. Class D licenses correspond to the Chauffeur category under the previous licensing system. Class E licenses may be regular or restricted (learner's permit), which corresponds to the previous categories of operator's or restricted operator's licenses.

REQU. END. (REQUIRED ENDORSEMENT)

REG
END

3

This space is used to identify if the driver license presented, if any, has the required endorsements for the type of vehicle being operated. Special endorsements on a driver license are required to operate a motorcycle or to commercially transport hazardous materials. The required endorsement codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003), in the "Code Information" section.

- o Enter code number 1 (Yes) in the space provided if special endorsements are needed and the driver license presented by the vehicle operator has all required endorsements.
- o Enter code number 2 (No) in the space provided if special endorsements are needed and the driver license presented by the vehicle operator was not endorsed.
- o Enter a code number 3 (NR) in the space provided if endorsements are not required.

BAC TEST (TYPE)

BAC TEST 3 Urine
1 Blood 4 Refused
2 Breath 5 None

2

This space is used to identify the type of test administered to a vehicle driver or pedestrian who is suspected of consuming alcoholic beverages or controlled substances prior to becoming involved in a traffic crash.

- o Enter the appropriate BAC Test Type Code, as required.

RESULTS (BAC TEST)

RESULTS

.03 %

This space is used to identify the results of any test administered to a vehicle driver or pedestrian who is suspected of consuming alcoholic beverages or controlled substances prior to becoming involved in a traffic crash. The test results should be displayed by inserting two numerical characters to the right of the pre-printed decimal point located in this field.

- o If the test results are known at the time the Florida Traffic Crash Report is completed, enter the results in the space provided.
- o If the test results are not known at the time the Florida Traffic Crash Report is completed, enter UK in the space provided. It is important to note that whenever the test results are received, this information must be forwarded to the Department on the Florida Traffic Crash Update/Continuation Report (Form Number HSMV-90004).

In certain judicial circuits, the State Attorney's office will not allow the test results to appear on the Florida Traffic Crash Report. If this is the procedure in your area, please follow the instructions outlined below:

- o Enter UK in the space provided. Whenever the test results are released by the State Attorney's office, forward this information to the Department on the Florida Traffic Crash Update/Continuation Report (Form Number HSMV-90004).

AL/DRUG (ALCOHOL/DRUG USE)

AL/DRUG

5

This information is used to identify if a vehicle driver or pedestrian had consumed alcoholic beverages or drugs prior to becoming involved in a traffic crash. The information to complete this field is located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If the BAC Test results are pending, enter the number 6 in the space provided. Upon receipt of the BAC Test Results, the Code 6 will be upgraded based on the results.
- o Depending on the BAC Test results the alcohol/drug use code must be changed to reflect to what extent the vehicle driver or pedestrian was impaired. This change must be reported to the Department on the Florida Traffic Crash Update/Continuation Report (Form Number HSMV-90004).

PHYS DEF (PHYSICAL DEFECTS)

PHYS. DEF.

1

This space is used to identify vehicle driver or pedestrian physical defects. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If unknown, enter UK in the space provided.

RES (RESIDENCE)

RES

1

This space is used to identify information concerning the residence of the vehicle driver or pedestrian. The coding elements are contained in the "Code Information" Section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If unknown, enter UK in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

RACE

RACE

1

This space is used to identify the race of the vehicle driver or pedestrian. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If unknown, enter UK in the space provided.

SEX

SEX

2

This space is used to identify the sex of the vehicle driver or pedestrian. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the Appropriate code in the space provided.
- o If unknown, enter UK in the space provided.

NJ (INJURY SEVERITY)

INJ.

2

This space is used to identify injuries to the vehicle driver or pedestrian. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If unknown, enter UK in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

SAFETY EQUIPMENT IN USE (Driver)

S. EQUIP.
2 4

This space is used to identify the type(s) of safety equipment being used by the driver, if any, at the time of the crash. The information to complete this space is located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section.

- o Enter the appropriate code in the spaces provided.
- o If unknown, enter UK in the space provided.

In some cases more than one kind of safety equipment was in use by the driver; for example, airbags and seat belts. Two spaces are now available to record this type of situation. The first Safety Equipment In Use space for a driver should always contain an entry. Draw a diagonal line through the second space if it is not applicable. If an airbag is installed it should be recorded as Safety Equipment In Use regardless of deployment. If the equipment being used is not one of the listed devices, then enter code number 1 (Not in Use).

EJECTED (EJECT)

EJECT.
1

This space is used to identify if the vehicle driver was ejected. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If unknown, enter UK in the space provided.

HAZARDOUS MATERIALS BEING TRANSPORTED

HAZARDOUS MATERIALS BEING TRANSPORTED	1 Yes	2 No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This space is used to identify if hazardous materials were being transported in any vehicle involved in the traffic crash.

- o Enter the appropriate code in the space provided.
- * Hazardous Materials Being Transported code 1(Yes) should be entered if any such materials (other than the vehicle's own fuel) are being transported.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

PLACARDED

PLACARDED	1 Yes	2 No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This space is used to identify if the vehicle transporting the hazardous materials was placarded as required by federal law.

- o Enter the appropriate code in the space provided.
- * Placarded code 1(Yes) should be entered if the vehicle displays the proper diamond-shaped DOT warning placard for any hazardous material involved. There are 19 placards for the different types.
- * Placarded code 2(No) is the routine entry in this field for vehicles not placarded nor required to be. Code 2 should also be entered if a placard is required but missing or incorrect.

RECOMMEND RE-EXAM (DRIVING ABILITY QUESTIONABLE)

RECOMMEND RE-EXAM	1 Yes	2 No	If YES, Explain in Narrative
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

This space is used to identify if the driving ability of the vehicle driver is questionable. This assessment is made by the officer investigating the traffic crash. In making this assessment, the officer should take into account the driver's coordination and reflexes and whether the driver appeared confused or disoriented. If the driving ability is questionable, you must explain your reasons in the narrative section of the Florida Traffic Crash Narrative/Diagram Report (Form Number HSMV-90005).

If you fail to explain your reasons in the narrative, the Division of Driver Licenses cannot legally recommend a reexamination of the driver. Please note that advanced age, by itself, is not a consideration. Also, unfamiliarity with traffic laws and driver license restrictions are not considerations.

- o Enter the appropriate code in the space provided.

DRIVER'S PHONE

DRIVER'S PHONE NO.

(904) 555-1212

Completing this field is at the option of the local law enforcement agency.

- o Enter the phone number or UK for unknown. (This space may be left blank.)

PASSENGER'S NAME

PASSENGER'S NAME (Additional on Continuation Page)

Jill Doe

This space is used to identify all passengers riding within or on a vehicle. This includes people riding in the back of a pick-up truck and people riding illegally on some portion of the vehicle. Please remember that a vehicle is any conveyance outlined in the "Code Information" Section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003). This information must be provided for all injured and uninjured passengers.

- o Enter the passenger's name (first name, middle initial, and last name order).
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

CURRENT ADDRESS (PASSENGER)

CURRENT ADDRESS

Route 1, Box 10

This space is used to identify where the passenger lives. This information must be provided for all injured and uninjured passengers.

- o Enter the current address of the passenger.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

CITY AND STATE

ZIP CODE

CITY AND STATE

ZIP CODE

Tallahassee, Fl.

32302

This space is used to identify the city and state of residence.

- o Enter the name of the city and state where the passenger resides.
- o Do not abbreviate the name of the city.
- o Use the standard two letter postal service abbreviations for all states (Appendix 3).
- o Enter the appropriate zip code in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

AGE

AGE

48

This space is used to identify the passenger's age. Do not list the date of birth.

- o Enter the age of the passenger (number of years).
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

LOCATION (LOC)

LOC

6

This space is used to identify the location of each passenger within or on the vehicle. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

INJURY SEVERITY (INJ)

INJ.
1

This space is used to identify injuries sustained by all passengers within or on a vehicle. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate code in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

SAFETY EQUIPMENT IN USE (S.EQUIP)

S EQUIP.
1

This space is used to identify the type(s) of safety equipment being used by the passenger, if any, at the time of the crash. The information to complete this space is located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section.

- o Enter the appropriate code in the spaces provided.

In some cases more than one type of safety equipment was in use by the passenger; for example, airbags and seat belts. Two spaces are now available to record this type of situation. The first Safety Equipment In Use space for a passenger should always contain an entry. Draw a diagonal line through the second space if it is not applicable. If an airbag is installed it should be recorded as Safety Equipment In Use regardless of deployment. If the equipment being used is not one of the listed devices, then enter code number 1 (Not In Use).

EJECTED (EJECT)

EJECT
1

This space is used to identify whether or not the passenger was ejected. The coding elements are contained in the "Code Information" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

VEHICLE OR PEDESTRIAN INFORMATION CONT.
(HSMV-90003)

EJECTED (EJECT) Cont.

- o Enter the appropriate code in the space provided.
- o If unknown, enter UK in the space provided.
- o If not applicable, draw a diagonal line in the space provided.

NOTE: Additional Passengers riding within or on the same vehicle must first be displayed on the Narrative/Diagram Report (HSMV-90005).

PROPERTY DAMAGE - OTHER THAN VEHICLES SECTION
(HSMV-90003)

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 1 Boat	\$400.00	Bill Doe	Route 1, Box 10	Tallahassee	Fl.	32302
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 2 Outboard Motor	\$700.00	Jill Doe	Route 1, Box 10	Tallahassee	Fl.	32302

This space is used to identify damage to property other than a vehicle. Property damage to a vehicle, trailer or driverless towed vehicle must not be recorded in this area. The type of property damaged must be identified; for example, fence, telephone pole, mail box, and street marker. If an animal is involved, the type of animal must be identified, such as a horse, cow, dog, and deer. Damage to the contents of a trailer must be recorded in this section.

- o Enter the type of property damaged.
- o Enter the estimated damage amount in dollars.
- o Enter the owner's full name, complete address, and zip code.
- o Additional entries must be reported on the Florida Traffic Crash Report Update/Continuation (Form Number HSMV-90004).

EVENTS SECTION
(HSMV-90003)

This section is designed to identify driver, vehicle, pedestrian and crash scene characteristics.

When completing this section, it is important to remember that code entries must correspond to the specified vehicle or pedestrian section they represent.

CONTRIBUTING CAUSES-DRIVER/PEDESTRIAN

CONTRIBUTING CAUSES - DRIVER / PED.			
	1	2	3
01 No Improper Driving / Action	11	1	1
02 Careless Driving			
03 Failed to Yield Right-of-Way			
04 Improper Backing			
05 Improper Lane Change			
06 Improper Turn			
07 Alcohol-Under Influence			
08 Drugs-Under Influence			
09 Alcohol & Drugs-Under Influence			
10 Followed Too Closely			
11 Disregarded Traffic Signal			
12 Exceeded Safe Speed Limit			
13 Disregarded Stop Sign			
14 Failed to Maintain Equip. / Vehicle			
15 Improper Passing			
16 Drove Left of Center			
17 Exceeded Stated Speed Limit			
18 Obstructing Traffic			
	19 Improper Load		
	20 Disregarded Other Traffic Control		
	21 Driving Wrong Side / Way		
	22 Fleeing Police		
	23 Vehicle Modified		
	77 All-Other (Explain)		

This classification is used to identify driver or pedestrian contributing causes. The driver is any person in control of a vehicle as outlined in the "Vehicle Type" section located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003).

- o Enter the appropriate contributing cause code(s) for each driver or pedestrian.
- o Enter additional codes as required for each driver or pedestrian if more than one cause is present.
- o If Code 77(all other) is used, explain and identify the contributing cause in the Narrative Report.
- o Enter a diagonal line in each box not used.

Code 22(Fleeing Police) indicates that a police pursuit was in progress and that the pursued driver's act of fleeing contributed to his or her crash involvement. Typically code 22 is entered with other causal factors as a background circumstance rather than a single crash-producing event.

Special Note: The "Vehicle Special Functions" field (number 3) must be used to code a crash involving a law enforcement vehicle while engaged in police pursuit.

EVENTS SECTION CONT.
(HSMV-90003)

CONTRIBUTING CAUSES-DRIVER/PEDESTRIAN Cont.

Code 23 (Vehicle Modified) indicates that an intentional modification of the vehicle contributed to that driver's crash involvement. Details should be explained in the narrative.

VEHICLE DEFECT

VEHICLE DEFECT			
	1	2	3
01 No Defects			
02 Def. brakes			
03 Worn / Smooth Tires	01		01
04 Defective / Improper Lights			
05 Puncture / Blowout			
06 Steering Mech.			
07 Windshield Wipers			
08 Equipment / Vehicle Defect			
	77 All Other (Explain in Narrative)		

This classification is used to identify vehicle defects of all vehicles involved in a traffic crash. An identified defect in one or more boxes in this category does not necessarily mean that the defect contributed to the cause of the traffic crash.

- o Enter the appropriate code for each vehicle.
- o Enter additional codes as required for each vehicle if more than one defect is evident.
- o If Code 77 (All Other) is used, explain and identify the contributing cause in the Narrative Report.
- o Enter a diagonal line in each box not used.

VEHICLE MOVEMENT

VEHICLE MOVEMENT			
	1	2	3
01 Straight Ahead			
02 Slowing / Stopped / Stalled			
03 Making Left Turn	01		01
04 Backing			
05 Making Right Turn			
06 Changing Lanes			
07 Entering/Leaving Parking Space			
08 Properly Parked			
09 Improperly Parked			
10 Making U-Turn			
	11 Passing 12 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)		

This classification is used to identify the movement of all vehicles involved in the traffic crash.

EVENTS SECTION CONT.
(HSMV-90003)

VEHICLE MOVEMENT CONT.)

- o Enter the appropriate code for each vehicle.
- o If Code 77 (All Other) is used, explain and identify the vehicle movement in the Narrative Report.
- o Enter a diagonal line in each box not used.

VEHICLE SPECIAL FUNCTIONS

VEHICLE SPECIAL FUNCTIONS			
	1	2	3
1 None			
2 Farm			
3 Police Pursuit	1		1
4 Recreational			
5 Emergency Operation			
6 Construction / Maintenance			

This classification is used to identify special functions of a vehicle or a vehicle-trailer combination involved in the traffic crash.

- o Enter the appropriate code for each vehicle (section).
- o Enter a diagonal line in each box not used.

Code 1(None) is the routine entry indicating that the vehicle in question was not engaged in one of the listed special functions at the time of the crash. It may apply regardless of vehicle type or use.

Code 2 is used when any kind of farm equipment is involved.

Code 3(Police Pursuit) is used when a law enforcement vehicle crashes while chasing a fleeing driver.

Code 4(Construction) is primarily intended to indicate construction and maintenance of roadways and associated features such as bridges or sewer systems.

Code 5(Emergency Operation) is used when an ambulance or Fire/Rescue vehicle crashes while responding to an emergency call. This code also applies to a law enforcement vehicle if not in police pursuit.

Code 6(Recreational) is primarily intended to indicate off-road driving such as typically done with ATV's, dune buggies, dirt bikes, and similar sports vehicles.

EVENTS SECTION CONT.
(HSMV-90003)

LOCATION ON ROADWAY

LOCATION ON ROADWAY			
	1	2	3
1 On Road			
2 Not On Road			
3 Shoulder	1		1
4 Median			
5 Turn Lane / Safety Zone			

This classification is used to identify the location of vehicles at the point of collision on or off of the roadway.

- o Enter the appropriate code for each vehicle involved in the traffic crash.
- o Enter a diagonal line in each box not used.
- * Note: "On Road" means "On Roadway" and "Not on Road" means "Not on Roadway."

PEDESTRIAN ACTION

PEDESTRIAN ACTION			
	1	2	3
01 Crossing Not at Intersection			
02 Crossing at Mid-block Crosswalk			
03 Crossing at Intersection		03	
04 Walking Along Road With Traffic			
05 Walking Along Road Against Traffic			
06 Working on Vehicle in Road			
07 Other Working in Road			
08 Standing/Playing in Road			
09 Standing in Pedestrian Island			
		77 All Other (Explain)	
		88 Unknown	

This classification is used to describe what the pedestrian was doing.

- o Enter the appropriate code for each pedestrian involved in the traffic crash.
- o If code 77 (all other) is used, explain and identify the pedestrian action in the Narrative Report.
- o Draw a diagonal line in each box not used.

EVENTS SECTION CONT.
(HSMV-90003)

LOCATION TYPE

LOCATION TYPE	
1 Primarily Business	1
2 Primarily Residential	
3 Open Country	

This classification is used to describe specific land use characteristics.

- o Enter the appropriate code in the space provided.

Investigating officers should interpret the three location type codes as broadly descriptive of the crash area.

FIRST/SUBSEQUENT HARMFUL EVENT

FIRST / SUBSEQUENT HARMFUL EVENT		
01 Collision With MV in Transport (Rear-end)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert
02 Collision With MV in Transport (Head-on)	16 MV Hit Sign/Sign Post	30 Ran Off Road Into Water
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole/Light Pole	31 Overturned
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion
08 Collision With Parked Car	22 MV Hit Tree/Shrubbery	77 All Other (Explain)
09 Collision With MV on Other Roadway	23 Collision With Construction Barricade/Sign	
10 Collision With Pedestrian	24 Collision With Traffic Gate	F S
11 Collision With Bicycle	25 Collision With Crash Attenuators	03 10
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	
13 Collision With Moped	27 MV Hit Other Fixed Object	
14 Collision With Train	28 Collision With Moveable Object On Road	

This classification is used to describe a traffic crash in terms of the first and subsequent harmful events. The first and subsequent harmful events identify crash characteristics at the point of collision.

- o Enter the first harmful event in the space provided.
- o If applicable, enter the subsequent harmful event in the space provided. Generally speaking, the subsequent harmful event is directly influenced by the first harmful event.
- o If Code 77(All Other) is used, explain and identify the first and subsequent harmful event in the Narrative Report.

EVENTS SECTION CONT.
(HSMV-90003)

ROAD SYSTEM IDENTIFIER

ROAD SYSTEM IDENTIFIER

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike / Toll
07 Forest Road
77 All Other

02

This classification is used to describe the type of roadway on which the traffic crash occurred. Use the highest roadway classification assigned to a particular street, road, or highway; for example, if a collision occurred on a U.S. highway which is also a state highway, use the U.S. highway designation.

- o Enter the appropriate code in the space provided.
- o If Code 77(All Other) is used, explain and identify the road system identifier in the Narrative Report.

Road System Identifier code 06 (Turnpike/Toll) should be entered for various urban expressway toll facilities as well as the Florida Turnpike.

LIGHTING CONDITION

LIGHTING CONDITION

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown

01

This classification is used to describe the lighting condition at the time of the traffic crash. This information is used in conjunction with the time of day; therefore, both classifications must be compatible. If, for instance, the traffic crash occurred at 1:00 p.m., the corresponding lighting condition would be daylight (Code 01).

- o Enter the appropriate code in the space provided.

EVENTS SECTION CONT.
(HSMV-90003)

ROAD SURFACE CONDITION

ROAD SURFACE / CONDITION	
01 Dry	02
02 Wet	
03 Slippery	
04 Icy	
77 All Other (Explain)	

This classification is used to identify the surface condition of the road at the time of the traffic crash.

- o Enter the appropriate code in the space provided.
- o If Code 77(All Other) is used, explain and identify the road surface condition in the Narrative Report.

WEATHER

WEATHER	
01 Clear	02
02 Cloudy	
03 Rain	
04 Fog	
77 All Other (Explain)	

This classification is used to identify the weather conditions at the time of the traffic crash.

- o Enter the appropriate code in the space provided.
- o If Code 77(All Other) is used, explain and identify the weather conditions in the Narrative Report.

ROAD SURFACE TYPE

ROAD SURFACE TYPE	
01 Slag / Gravel / Stone	04
02 Blacktop	
03 Brick / Block	
04 Concrete	
05 Dirt 77 All Other (Explain)	

This classification is used to identify the surface construction of the road on which the traffic crash occurred.

- o Enter the appropriate code in the space provided.
- o If Code 77(All Other) is used, explain and identify the road surface type in the Narrative Report.

EVENTS SECTION CONT.
(HSMV-90003)

CONTRIBUTING CAUSES ROAD

CONTRIBUTING CAUSES - ROAD	
01 No Defects	
02 Obstruction With / Without Warning	
03 Road Under Repair / Construction	
04 Loose Surface Materials	
05 Shoulders - Soft / Low / High	01
06 Holes / Ruts / Unsafe Paved Edge	
07 Standing Water	
08 Worn / Polished Road Surface	
77 All Other (Explain)	

This classification is used to determine if there were any road defects present which could have contributed to the traffic crash. If more than one defect existed at the time of the traffic crash, then the defect that primarily contributed to the traffic crash must be listed first.

- o Enter the appropriate code in the space provided.
- o If Code 77(All Other) is used, explain and identify the contributing cause in the Narrative Report.
- o Draw a diagonal line in any box not used.

CONTRIBUTING CAUSES-ENVIRONMENT

CONTRIBUTING CAUSES - ENVIRONMENT	
01 Vision Not Obscured	
02 Inclement Weather	
03 Parked / Stopped Vehicle	
04 Trees / Crops / Bushes	
05 Load on Vehicle	01
06 Building / Fixed Object	
07 Signs / Billboards	
08 Fog	
09 Smoke	
10 Glare	
77 All Other (Explain)	

This classification is used to determine if the driver's or pedestrian's vision was obscured by certain environmental elements. There is the possibility that more than one obstruction existed at the time of the traffic crash. List the obstruction that primarily contributed to the crash in the top box.

- o Enter the appropriate code in the space provided.
- o If 77 (All Other) is used, explain and identify the type of obstruction in the Narrative Report.
- o Draw a diagonal line in any box not used.

EVENTS SECTION CONT.
(HSMV-90003)

TRAFFIC CONTROL

TRAFFIC CONTROL	
01 No Control	11 No Passing Zone
02 School Zone	77 All Other (Explain)
03 Traffic Signal	
04 Stop Sign	
05 Yield Sign	
06 Flashing Light	
07 Railroad Signal	
08 Officer / Guard / Flagman	
09 Posted No U-Turn	
10 Special Speed Zone	

03



This classification is used to identify traffic control signs and signals present at or near the scene of the traffic crash.

- o Enter the appropriate code in the space provided.
- o If more than one traffic control sign or signal was present, enter a second data code in the space provided.
- o If Code 77(All Other) is used, explain and identify the type of traffic control in the Narrative Report.
- o Draw a diagonal line in any box not used.

Code 02(Special Speed Zone) indicates that the crash site was in a zone posted differently from the usual speed limit for that road. For example, this code would apply to a reduced speed zone for construction ahead. Code 02 should not be used if other listed types of traffic controls would also apply.

SITE LOCATION

SITE LOCATION	
01 Not At Intersection / RR X'ing / Bridge	
02 At Intersection	
03 Influenced By Intersection	
04 Driveway Access	
05 Railroad Crossing	
06 Bridge	
07 Entrance Ramp	11 Private Property
08 Exit Ramp	77 All Other (Explain)
09 Parking Lot - Public	
10 Parking Lot - Private	

02

This classification is used to identify traffic crashes occurring at specific locations.

- o Enter the appropriate code in the space provided.
- o If Code 77(All Other) is used, explain and identify the site location in the Narrative Report.

EVENTS SECTION CONT.
(HSMV-90003)

TRAFFICWAY CHARACTER

TRAFFICWAY CHARACTER	
1 Straight-Level	1
2 Straight-Upgrade / Downgrade	
3 Curve-Level	
4 Curve-Upgrade / Downgrade	

This classification is used to describe the characteristics of the trafficway where the traffic crash occurred.

- o Enter the appropriate code in the space provided.

TYPE SHOULDER

TYPE SHOULDER	
1 Paved	1
2 Unpaved 3 Curb	

This classification is used to identify the type of roadway shoulder.

- o Enter the appropriate code in the space provided.

VIOLATOR

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
1	316.074	Mary Doe	Failed to obey	89-0025684

This classification is used to identify each vehicle driver or pedestrian who was charged with a traffic violation as a result of the traffic crash. Do not enter any owner or passenger violation information in these areas. If other than the driver or pedestrian was charged, explain and identify the charges in the Narrative Report.

- o Enter the appropriate section number for the violator; for example, if the driver who appears in Section 1 was charged with a traffic violation, place a 1 in the violator column.
- o Enter the Florida Statute Number of the violation in the appropriate column.
- o Enter the name of the violator, type of charge, and citation number.

EVENTS SECTION CONT.
(HSMV-90003)

VIOLATOR cont.

- o If more than one citation for a traffic violation is issued to the same driver or pedestrian, repeat the steps referenced above.
- o If more than three citations for a traffic violation are issued, enter the additional charges in the appropriate violator columns located on the front of the Florida Traffic Crash Report Narrative/Diagram (Form Number HSMV-90005).

CRASH REPORT
DIAGRAM
HSMV-90005

**FLORIDA TRAFFIC CRASH REPORT
NARRATIVE / DIAGRAM
HSMV-90005**

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

AS INFO NTALS ONLY	TIME EMS NOTIFIED	AM <input type="checkbox"/> PM <input type="checkbox"/>	TIME EMS ARRIVED	AM <input type="checkbox"/> PM <input type="checkbox"/>	COUNTY / CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
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NARRATIVE / ADDITIONAL PASSENGERS

SEC. #	PASS #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc	Inj.	Safety Equip.	Eject

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP
1			
WITNESS - NAME	ADDRESS	CITY & STATE	ZIP
2			

FIRST AID GIVEN BY - NAME	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	INJURED TAKEN TO:	BY - NAME:
WAS INVESTIGATION MADE AT SCENE?	1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>	WHERE?	IS INVESTIGATION COMPLETE?	1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	DATE OF REPORT	PHOTOS TAKEN?
				1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>
				3 INVEST AGENCY <input type="checkbox"/> 4 OTHER <input type="checkbox"/>
				FHP <input type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>

DIAGRAM

COMPANY: _____ DATE: _____ PROJECT: _____
DRAWN BY: _____ CHECKED BY: _____
SCALE: _____



INDICATE NORTH
WITH ARROW

FLORIDA TRAFFIC CRASH REPORT
NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

The Narrative/Diagram Report has been designed to provide sufficient space for describing and diagramming the traffic crash scene. This report must be used in conjunction with the Florida Traffic Crash Report, Long Form/Short Form, (HSMV-90003) . This document is an important part of the crash investigation. Extreme care should be taken to ensure that the Investigating Agency Report Number and the Highway Safety and Motor Vehicles (HSMV) Crash Report Number are identical to the crash report numbers appearing on the Florida Traffic Crash Report, Long Form/Short Form, (HSMV-90003).

TIME EMS NOTIFIED (FATAL CRASHES ONLY)

TIME EMS NOTIFIED	AM	PM
	<input type="checkbox"/>	<input type="checkbox"/>

Use the 12 hour clock system to identify the time of notification. Do not use the 24 hour clock system (aka military time).

- o Enter the time of day EMS was notified of the traffic crash.
- o Place an X in the AM or PM box.
- o Midnight is considered AM, while noontime is considered PM.

TIME EMS ARRIVED (FATAL CRASHES ONLY)

TIME EMS ARRIVED	AM	PM
	<input type="checkbox"/>	<input type="checkbox"/>

Use the 12 hour clock system to identify the time of arrival. Do not use the 24 hour clock system (aka military time)

- o Enter the time of day EMS arrived at the scene of the traffic crash.
- o Place an X in the AM or PM box.
- o Midnight is considered AM, while Noontime is considered PM.

FLORIDA TRAFFIC CRASH REPORT NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005 CONT.

COUNTY CITY CODE

COUNTY / CITY CODE

13 / 50

This space is used to identify the county and city (place) codes. Please refer to Appendix 1 for these codes.

- o Enter the county and city code.
- * The county and city code must be identical to the code on page one of the Florida Traffic Crash Report, Long Form/Short Form (HSMV-90003).

DATE OF CRASH

DATE OF CRASH

01/01/95

This space is used to identify the date of the traffic crash.

- o Enter the date of the traffic crash.
- * The date of the traffic crash must be identical to the date on page one of the Florida Traffic Crash Report, Long Form/Short Form (HSMV-90003).

INVESTIGATING AGENCY REPORT NUMBER

INVEST. AGENCY REPORT NUMBER

95-01-123

This space is used to identify the report number of the investigating law enforcement agency.

- o Enter the investigating agency report number.
- * The investigating agency report number must be identical to the number on page one of the Florida Traffic Crash Report, Long Form/Short Form (HSMV-90003).

HSMV CRASH REPORT NUMBER

HSMV CRASH REPORT NUMBER

50995035

This space is used to identify the eight digit pre-printed crash report number which appears on the Florida Traffic Crash Report, Long Form/Short Form (HSMV-90003).

- o Enter the pre-printed crash report number.
- * The pre-printed crash report number must be identical to the number on page one of the Florida Traffic Crash Report, Long Form/Short Form (HSMV-90003).

NARRATIVE

Describe what happened, and ensure that the correct section number is used when referring to specified vehicles, drivers or pedestrians. Please remember that the content of the narrative must agree with the description of the crash outlined on the diagram. Use the Florida Traffic Crash Report, Update / Continuation (HSMV-90004), if additional narrative space is needed.

PASSENGERS (ADDITIONAL)

EC	PASS #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject
1	2	Frank Doe	Route 1, Box 10	Tallahassee, Fl.	32302	10	4	0	2	1

This space is used for additional passengers riding within or on the same vehicle (page 30). NOTE: The first passenger is the person appearing in the passenger record in any section.

- o Enter the correct section number. (Must be identical to the section number controlling the vehicle the passenger was riding in at the time of the crash.
- o Enter the passenger number(s) for all passengers riding in the same vehicle.
- o Enter the remaining passenger information as outlined on page 30 in this manual.
- * Use the Florida Traffic Crash Report, Update/Continuation, (HSMV-90004), if more space is needed.

FLORIDA TRAFFIC CRASH REPORT NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005 CONT.

VIOLATOR (ADDITIONAL)

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
----------	-------------------	------	--------	------------

This classification is used to identify additional violations issued to a driver or pedestrian

- o Enter the appropriate section number for the violator.
- o Enter the remaining violator information as outlined on page 44 in this manual.
- * Use the Florida Traffic Crash Report, Update/Continuation, (HSMV-90004), if more space is needed.

WITNESS NAME

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP
1 Frank Smith	1404 Chance Street	Tallahassee, Fl.	32303

This space is used to identify if the traffic crash was witnessed by anyone.

- o Enter the information requested in the same manner previously described for similar records.

FIRST AID GIVEN BY

FIRST AID GIVEN BY - NAME:	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other
Jim Smith		<div>3</div>

This space is used to identify if first aid was administered at the scene of the traffic crash.

- o Enter the name of the person administering first aid and place the number 1, 2, 3, 4, or 5 in the box provided.
- o If not applicable, draw a diagonal line in the space provided.

FLORIDA TRAFFIC CRASH REPORT NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005 CONT.

INJURED TAKEN TO

INJURED TAKEN TO

Memorial

This space is used to identify the name of the hospital or facility that received injured drivers, pedestrians or passengers.

- o Enter the name of the hospital or facility.
- o If not applicable, draw a diagonal line in the space provided.

BY-NAME

BY-NAME

Memorial Ambulance

This space is used to identify the name of the agency or person who transported the injured.

- o Enter the name.
- o If not applicable, draw a diagonal line in the space provided.

WAS INVESTIGATION MADE AT SCENE

WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO WHERE?

X

This space is used to identify if the investigation was made at the traffic crash scene.

- o Place an X in box 1 or 2. If the number 2 is used enter the name of the location where the investigation was made.

FLORIDA TRAFFIC CRASH REPORT NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005 CONT.

IS INVESTIGATION COMPLETE

IS INVESTIGATION COMPLETE?	1 YES	2 NO WHY?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This space is used to identify if the investigation is complete.

- o Place an X in box 1 or 2. If the number 2 is used state the reason WHY the investigation is not complete in the space provided.

DATE OF REPORT

DATE OF REPORT					
0	1	0	1	9	5

This space is used to identify the date the traffic crash report was completed.

- o Enter the date the report was completed in month, day and year order.

PHOTOS TAKEN

PHOTOS TAKEN?	1 YES	2 NO	3 INVEST AGENCY	4 OTHER
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This space is used to identify if photographs were taken at the scene of the traffic crash and if so, by whom.

- o Place an X in box 1 or 2. Place an X in box 3 or 4 to identify who took the photographs.

FLORIDA TRAFFIC CRASH REPORT NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005 CONT.

INVESTIGATOR - RANK AND SIGNATURE

INVESTIGATOR - RANK & SIGNATURE Cpl. Jim Smith	ID / BADGE NUMBER 10	DEPARTMENT City Police Department	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	CPD <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
---	-------------------------	--------------------------------------	---------------------------------	--------------------------------	--	-----------------------------------

This space is used to identify the investigator and the investigating law enforcement agency.

- o Enter your rank and sign the report.
- o Enter your ID or Badge Number.
- o Enter the name of your department and place an X in the appropriate box.

FLORIDA TRAFFIC CRASH REPORT NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005 CONT.

DIAGRAM

Always draw the collision scene as observed, and always use the proper crash investigation templates and kits.

The diagram shall depict the probable positions and paths of all vehicles or pedestrians prior to impact, at the point of impact and the final resting position. These conclusions should be based on crash scene evidence and possibly information from citizens who actually witnessed the collision.

When preparing the diagram, please adhere to the following pattern:

- o Use a solid line to identify the probable paths traveled by a vehicle or pedestrian prior to collision and up to the point of impact.
- o Use a broken line to identify the paths traveled by a vehicle or pedestrian after initial impact to the point of final rest.
- o Use an arrow to indicate the direction of travel by a vehicle or pedestrian.
- o Use an arrow to indicate "north" in the upper right hand corner of the diagram.
- o Identify any skid marks which indicate the path of the vehicle.
- o Identify scuffs or tireprints and all other physical evidence.
- o Indicate the center line and no passing zones.
- o Indicate the percentage of road grade.
- o Indicate the width of the road.
- o Indicate and identify all traffic control devices and traffic control signs, including pedestrian control devices.
- o Identify any other regulatory control sign.
- o Identify all roadways by their proper names or designations (number).

- o Identify any unusual or temporary hazardous conditions that contributed to the traffic crash; for example, standing water or debris.
- o Identify any recognizable landmarks in order to pinpoint the traffic crash.
- o Identify any vision obstructions and their distance from the highway.
- o Indicate if a vehicle overturned and, if possible, the number of times it overturned.
- o Identify foreign objects on or off the highway that could have contributed to the traffic crash.
- o Identify the angle of collision and the probable point of impact.

FLORIDA TRAFFIC CRASH REPORT NARRATIVE AND DIAGRAM
FORM NUMBER HSMV-90005 CONT.

DIAGRAM cont.

NOTE: Please remember the diagram must be consistent with and completely explained within the narrative portion of this report.

Please refer to the following roadway examples when diagramming the report:

2 L A N E S

3 L A N E S

4 L A N E S

4 L A N E S D I V I D E D

MEDIAN OR BARRIER

**FLORIDA TRAFFIC CRASH REPORT
UPDATE / CONTINUATION
HSMV-90004**

FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☐ CONTINUATION
 MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS
 TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

		COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
Section	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE				
	VEHICLE TRAVELING	ON	AI	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 3 Driver 2 Tow Owner's Request 4 Other		
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		
	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		
	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH		
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END	BAC TEST	3 Urine	RESULTS	AL/DRUG	PHYS. DEF.
	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes	2 No	PLACARDED	1 Yes	2 No	RECOMMEND RE-EXAM	1 Yes
	PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE LOC. INJ. S. EQUIP. EJECT.		

Section	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE				
	VEHICLE TRAVELING	ON	AI	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 3 Driver 2 Tow Owner's Request 4 Other		
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		
	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		
	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH		
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END	BAC TEST	3 Urine	RESULTS	AL/DRUG	PHYS. DEF.
	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes	2 No	PLACARDED	1 Yes	2 No	RECOMMEND RE-EXAM	1 Yes
	PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE LOC. INJ. S. EQUIP. EJECT.		

INVESTIGATOR - RANK AND SIGNATURE		ID/BADGE NUMBER	DEPARTMENT	FHP	SO	CPD	OTHER
-----------------------------------	--	-----------------	------------	-----	----	-----	-------

CONTRIBUTING CAUSES - DRIVER / PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action		01 No Defects		01 Straight Ahead		1 None	
02 Careless Driving		02 Def. Brakes		02 Slowing / Stopped / Stalled		2 Farm	
03 Failed to Yield Right-of-Way		03 Worn / Smooth Tires		03 Making Left Turn		3 Police Pursuit	
04 Improper Backing		04 Defective / Improper		04 Backing		4 Recreational	
05 Improper Lane Change		05 Puncture / Blowout		05 Making Right Turn	11 Passing	5 Emergency Operation	
06 Improper Turn		06 Steering Mech.		06 Changing Lanes	12 Driverless or Runaway Veh.	6 Construction / Maintenance	
07 Alcohol-Under Influence		07 Windshield Wipers	77 All Other (Explain in Narrative)	07 Entering/Leaving Parking Space	77 All Other (Explain in Narrative)		
08 Drugs-Under Influence		08 Equipment / Vehicle Defect		08 Properly Parked			
09 Alcohol & Drugs-Under Influence				09 Improperly Parked			
10 Followed Too Closely				10 Making U-Turn			
11 Disregarded Traffic Signal		LOCATION ON ROADWAY		PEDESTRIAN ACTION			
12 Exceeded Safe Speed Limit	19 Improper Load	1 On Road		01 Crossing Not at Intersection	07 Other Working in Road		
13 Disregarded Stop Sign	20 Disregarded Other Traffic Control	2 Not On Road		02 Crossing at Mid-block Crosswalk	08 Standing/Playing in Road		
14 Failed to Maintain Equip. / Vehicle	21 Driving Wrong Side / Way	3 Shoulder		03 Crossing at Intersection			
15 Improper Passing	22 Fleeing Police	4 Median		04 Walking Along Road With Traffic			
16 Drove Left of Center	23 Vehicle Modified	5 Turn Lane / Safety Zone		05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island	77 All Other (Explain)	
17 Exceeded Stated Speed Limit	77 All Other (Explain)			06 Working on Vehicle in Road		88 Unknown	
18 Obstructing Traffic							

Additional Passengers / Narrative

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP
SAINT JOHN DE	10000	NEW YORK	10000

[illegible]

FLORIDA TRAFFIC CRASH REPORT
UPDATE/CONTINUATION
(FORM NUMBER HSMV-90004)

This report is used to update information previously provided on the Florida Traffic Crash Report, Long Form/Short Form, (HSMV-90003). This report is also used as a continuation report if more than three vehicles or pedestrians are involved in the same crash or to provide additional space for items that cannot be displayed on the Long Form/Short Form (HSMV-90003) and Narrative/Diagram (HSMV-90005) Reports.

UPDATE

FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Provide the following information when this form is used as an update report:

- o Place an X in box marked "Update."
- o Enter the County/City code. The code must be identical to the code on forms HSMV-90003 and HSMV-90005.
- o Enter the Date of Crash. The Date of Crash must be identical to the date on the HSM-90003 and HSMV-90005.
- o Enter the Investigating Agency Report Number. The number must be identical to the number on the HSMV-90003 and HSMB-90005.
- o Enter the eight digit, pre-printed HSMV Crash Report Number. The number must be identical to the number on the HSMV-90003 and HSMV-90005.
- o Enter the correct section number for the vehicle or pedestrian the updated information pertains to.
- o Enter the correct passenger number (if applicable).
- o Enter the correct "property damaged other than vehicle number" if applicable.
- o Enter the updated information.
- o Enter your rank and sign the report.
- o Enter your ID/Badge Number.
- o Enter the name of your Department and place an X in the appropriate box.

FLORIDA TRAFFIC CRASH REPORT
UPDATE/CONTINUATION
(FORM NUMBER HSMV-90004) Cont.

CONTINUATION

FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☒ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Provide the following information when form is used as a continuation report.

- o Place an X in box marked "Continuation."
- o Enter the County/City code. The code must be identical to the code on forms HSMV-90003 and HSMV-90005.
- o Enter the Date of Crash. The Date of Crash must be identical to the date on the HSMV-90003 and HSMV-90005.
- o Enter the Investigating Agency Report Number. The number must be identical to the number on the HSMV-90003 and HSMV-90005.
- o Enter the eight digit, pre-printed HSMV Crash Report Number. The number must be identical to the number on the HSMV-90003 and HSMV-90005.
- o Enter the correct section number for the vehicle or pedestrian.
- o Enter the additional vehicle or pedestrian information as previously outlined in this manual.
- o Enter your rank and sign the report.
- o Enter your ID/Badge Number.
- o Enter the name of your Department and place an X in the appropriate box.

**FLORIDA TRAFFIC CRASH REPORT
DRIVER EXCHANGE OF INFORMATION
DRIVER REPORT OF TRAFFIC CRASH
HSMV-90006**

1. ☐ DRIVER EXCHANGE OF INFORMATION
2. ☐ DRIVER'S REPORT OF TRAFFIC CRASH
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Section 1

Section 2

Section 3

Time & Location		DATE OF CRASH	TIME OF CRASH	AM	PM	INVEST. AGENCY REPORT NO. (if applicable)	HSMV CRASH REPORT NUMBER			
CITY		COUNTY	ON STREET, ROAD OR HIGHWAY							
AT INTERSECTION OF		1	2	OR	FEET / MILES	N	S	E	W	OF INTERSECTION OF
YEAR	MAKE	TYPE (Car, Truck, Bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR		
INSURANCE COMPANY					POLICY NO.					
OWNER'S FULL NAME (Check if Same as Driver)					ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER (Exactly as on Driver's License) / PEDESTRIAN					ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER'S LICENSE NUMBER					STATE	DATE OF BIRTH		RACE	SEX	
DRIVER / PEDESTRIAN BUSINESS PHONE					DRIVER / PEDESTRIAN HOME PHONE					
AREA CODE ()					AREA CODE ()					
YEAR	MAKE	TYPE (Car, Truck, Bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR		
INSURANCE COMPANY					POLICY NO.					
OWNER'S FULL NAME (Check if Same as Driver)					ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER (Exactly as on Driver's License) / PEDESTRIAN					ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER'S LICENSE NUMBER					STATE	DATE OF BIRTH		RACE	SEX	
DRIVER / PEDESTRIAN BUSINESS PHONE					DRIVER / PEDESTRIAN HOME PHONE					
AREA CODE ()					AREA CODE ()					
YEAR	MAKE	TYPE (Car, Truck, Bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR		
INSURANCE COMPANY					POLICY NO.					
OWNER'S FULL NAME (Check if Same as Driver)					ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER (Exactly as on Driver's License) / PEDESTRIAN					ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER'S LICENSE NUMBER					STATE	DATE OF BIRTH		RACE	SEX	
DRIVER / PEDESTRIAN BUSINESS PHONE					DRIVER / PEDESTRIAN HOME PHONE					
AREA CODE ()					AREA CODE ()					
PROPERTY DAMAGED - Other than vehicles					OWNER - Name		ADDRESS - Number and Street		CITY / STATE / ZIP	
WITNESSES other than PASSENGERS					NAME		ADDRESS - Number and Street		CITY / STATE / ZIP	
NAME OF OFFICER (if applicable)					I.D. / BADGE NO.		DEPARTMENT		1 - FHP 2 - SO 3 - CPD 4 - OTHER	

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM
☐ NO FURTHER ACTION REQUIRED BY YOU. REPORT COMPLETED BY LAW ENFORCEMENT AGENCY

1. ☐ DRIVER EXCHANGE OF INFORMATION
 2. ☐ DRIVER'S REPORT OF TRAFFIC CRASH

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS
 TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location		DATE OF CRASH		TIME OF CRASH		AM <input type="checkbox"/> PM <input type="checkbox"/>		INVEST. AGENCY REPORT NO. (if applicable)		HSMV CRASH REPORT NUMBER			
Section 1		CITY		COUNTY		ON STREET, ROAD OR HIGHWAY							
		AT INTERSECTION OF		1 <input type="checkbox"/> 2 <input type="checkbox"/> OR		FEET / MILES		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		OF INTERSECTION OF			
Section 1 VEHICLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	YEAR		MAKE		TYPE (Car, Truck, Bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR	
		INSURANCE COMPANY										POLICY NO.	
		OWNER'S FULL NAME (Check if Same as Driver)				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
		DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
		DRIVER'S LICENSE NUMBER				STATE		DATE OF BIRTH		RACE	SEX		
		DRIVER / PEDESTRIAN BUSINESS PHONE				DRIVER / PEDESTRIAN HOME PHONE							
		AREA CODE		AREA CODE									
Section 2 VEHICLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	YEAR		MAKE		TYPE (Car, Truck, Bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR	
		INSURANCE COMPANY										POLICY NO.	
		OWNER'S FULL NAME (Check if Same as Driver)				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
		DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
		DRIVER'S LICENSE NUMBER				STATE		DATE OF BIRTH		RACE	SEX		
		DRIVER / PEDESTRIAN BUSINESS PHONE				DRIVER / PEDESTRIAN HOME PHONE							
		AREA CODE		AREA CODE									
Section 3 VEHICLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	YEAR		MAKE		TYPE (Car, Truck, Bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR	
		INSURANCE COMPANY										POLICY NO.	
		OWNER'S FULL NAME (Check if Same as Driver)				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
		DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
		DRIVER'S LICENSE NUMBER				STATE		DATE OF BIRTH		RACE	SEX		
		DRIVER / PEDESTRIAN BUSINESS PHONE				DRIVER / PEDESTRIAN HOME PHONE							
		AREA CODE		AREA CODE									
PROPERTY DAMAGED - Other than vehicles				OWNER - Name		ADDRESS - Number and Street		CITY / STATE / ZIP					
WITNESSES other than PASSENGERS		NAME		ADDRESS - Number and Street		CITY / STATE / ZIP							
NAME OF OFFICER (if applicable)				I.D. / BADGE NO.		DEPARTMENT		1 FHP 2 SO 3 CPD 4 OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM
☐ NO FURTHER ACTION REQUIRED BY YOU. REPORT COMPLETED BY LAW ENFORCEMENT AGENCY

Section 316.066(1), Florida Statutes, requires that "the driver of a vehicle which is in any manner involved in an accident resulting in bodily injury to or death of any person or damage to any vehicle or other property in an apparent amount of at least \$500 shall, within 10 days after the accident, forward a written report of such accident to the Department. However, when the investigating officer has made a written report of the accident...no written report need be forwarded to the Department by the driver."

IF YOU WERE TOLD TO COMPLETE AND FORWARD THIS REPORT TO THE DEPARTMENT, PLEASE REFER TO THE FOLLOWING INSTRUCTIONS AND EXAMPLE PRIOR TO DOING SO.

PLEASE: • Print clearly and fill in all areas.

EXAMPLE:

DATE OF CRASH 01/01/95		TIME OF CRASH AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		INVEST. AGENCY REPORT NO. (if applicable)		HSMV CRASH REPORT NUMBER	
CITY ST. PETERSBURG		COUNTY PINELLAS		ON STREET, ROAD OR HIGHWAY 2ND STREET SOUTH			
AT INTERSECTION OF U.S. 19		1 <input type="checkbox"/> 2 <input type="checkbox"/> OR		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		OF INTERSECTION OF	
YEAR 90		MAKE FORD		TYPE (Car, Truck, Bicycle, etc.) CAR		VEHICLE LICENSE TAG NO. ABC-123	
INSURANCE COMPANY INSURANCE CO OF FL		POLICY NO. I.C.F. 120000		STATE FL		YEAR 95	
OWNER'S FULL NAME (Check if Same as Driver) <input type="checkbox"/> JOHN DOE		ADDRESS (Number and Street) 1111 FIRST STREET NORTH		CITY AND STATE ST. PETERSBURG		ZIP CODE 33731	
DRIVER (Exactly as on Driver's License) / PEDESTRIAN BILL DOE		ADDRESS (Number and Street) SAME AS OWNER		CITY AND STATE		ZIP CODE	
DRIVER'S LICENSE NUMBER D 561 345 46 000		STATE FL		DATE OF BIRTH 01/01/70		RACE W	
SEX M		DRIVER / PEDESTRIAN BUSINESS PHONE AREA CODE (813) 123-4567		DRIVER / PEDESTRIAN HOME PHONE AREA CODE (813) 765-4321			

WITNESSES other than PASSENGERS	NAME	ADDRESS - Number and Street	CITY/STATE/ZIP
	JOHN SMITH	100 8th AVENUE SOUTH	ST. PETERSBURG 33731
	BILL SMITH	100 8th AVENUE SOUTH	ST. PETERSBURG 33731
NAME OF OFFICER (if applicable) CPL. MIKE JONES		I.D. / BADGE NO. 4001	DEPARTMENT ST. PETERSBURG
		1 - FHP 2 - SO 3 - CPD 4 - OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	

- Keep a copy of this report for your records and for insurance purposes.
- Sign the report.
- Mail this report to:

Department of Highway Safety & Motor Vehicles
Traffic Crash Records
Tallahassee, Florida 32399

Investigating Officer, please check if a traffic ticket was issued to the driver of any vehicle.	Vehicle 1	Vehicle 2	Vehicle 3
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of Driver Making Report: _____

DRIVER EXCHANGE OF INFORMATION
DRIVER'S REPORT OF TRAFFIC CRASH
(FORM NUMBER HSMV-90006)

This report is used as a Driver Exchange of Information when the law enforcement officer called to the scene of the traffic crash complete the Florida Traffic Crash Report, Long/Form/Short Form, (HSMV-90003). After each driver enters the required information the report is separated and distributed.

Section 316.066 (1), Florida Statutes, requires that "the driver of a vehicle which is in any manner involved in a crash resulting in bodily injury to or death of any person or total damage to all all property to an apparent extent of \$500 shall, within 10 days after the crash, forward a written report of such crash to the department. However, when the investigating officer has made a written report of the crash, no written report need be forwarded to the department by the driver.

If a written report is not required, the law enforcement officer must furnish each party involved in the traffic crash with a driver's report. The driver's report must display certain information pertinent to the traffic crash and parties involved. The driver must be directed to mail a copy of the report to the department.

PLACE	CODE
DADE-----	01
BAL HARBOR-----	01-30
BAY HBR ISLE-----	01-32
BISCAYNE GDNS-----	01-33
BISCAYNE PK-----	01-34
BROWNS VLG-----	01-47
BUNCHE PK-----	01-45
CAROL CITY-----	01-37
CORAL GABLES-----	01-38
CORAL WAY VLG-----	01-40
CUTLER RIDGE-----	01-42
EL PORTAL-----	01-44
FLORIDA CITY-----	01-46
GOLDEN BCH-----	01-48
GOLDEN GLADES-----	01-50
GOULDS-----	01-52
HIALEAH-----	01-54
HIALEAH GDNS-----	01-56
HOMESTEAD-----	01-58
HOMESTEAD AFB-----	01-59
INDIAN CRK VLG-----	01-60
ISLANDIA-----	01-61
KENDALL-----	01-63
KEY BISCAYNE-----	01-62
LEISURE CITY-----	01-65
MEDLEY-----	01-64
MIAMI-----	01-66
MIAMI BCH-----	01-68
MIAMI LKS-----	01-69
MIAMI SHORES-----	01-70
MIAMI SPGS-----	01-72
MICC IND RESERV-----	01-73
N BAY VLG-----	01-78
N MIAMI-----	01-80
N MIAMI BCH-----	01-82
NARANJA-----	01-74
NORWOOD-----	01-71
OJUS-----	01-83
OLYMPIA HGTS-----	01-77
OPA LOCKA-----	01-84
PALMETTO ESTS-----	01-79
PERRINE-----	01-85
PINEWOOD-----	01-81
RICHMOND HGTS-----	01-86
S MIAMI-----	01-87
S MIAMI HGTS-----	01-95
SUNNY ISLES-----	01-88
SURFSIDE-----	01-89
SWEETWATER-----	01-90

PLACE	CODE
ULETA-----	01-96
UNIV OF MIAMI-----	01-94
VIRGINIA GDNS-----	01-92
W MIAMI-----	01-93
WESTVIEW-----	01-98
WESTWOOK LKS-----	01-97
DUVAL-----	02
ATLANTIC BCH-----	02-30
BALDWIN-----	02-32
CECIL FIELD NAS-----	02-48
JAX-----	02-38
JAX BCH-----	02-40
JAX NAS-----	02-50
JAX UNIV-----	02-46
MAYPORT NAS-----	02-52
NEPTUNE BCH-----	02-44
UNIV OF N FL-----	02-60
HILLSBOROUGH-----	03
BRANDON-----	03-39
CLAIR-MEL-----	03-38
E LK ORIENT PK-----	03-46
EGYPT LK-----	03-47
LAKE CARROL-----	03-48
LETO-----	03-44
LK MAGDALENE-----	03-49
MACDILL AFB-----	03-58
PALM RIVER-----	03-51
PLANT CITY-----	03-40
PROGRESS VLG-----	03-42
ROCKY CRK-----	03-43
RUSKIN-----	03-45
SWEETWATER CRK-----	03-41
TAMPA-----	03-50
TEMPLE TER-----	03-52
UNIV OF S FL-----	03-54
UNIV OF TAMPA-----	03-56
PINELLAS-----	04
BELLAIR-----	04-30
BELLAIR BCH-----	04-32
BELLAIR BLUFFS-----	04-34
CLEARWATER-----	04-36
DUNEDIN-----	04-38
ECKERD COLLEGE-----	04-72
GULFPORT-----	04-40
INDIAN ROCKS BCH-----	04-42
INDIAN SHORES-----	04-74

COUNTY/CITIES (PLACE) CODES

PLACE	CODE
KENNETH CITY-----	04-44
LARGO-----	04-46
LEALMAN-----	04-47
MADEIRA BCH-----	04-48
N REDDINGTON BCH-----	04-50
OLDSMAR-----	04-52
PINELLAS PK-----	04-54
PINL CO CAMPUS PD-----	04-78
REDDINGTON BCH-----	04-56
REDDINGTON SHORES-----	04-58
S PASADENA-----	04-62
SAFETY HBR-----	04-60
SEMINOLE-----	04-76
SEMINOLE PARK-----	04-61
ST PETE-----	04-64
ST PETE BCH-----	04-66
TARPON SPGS-----	04-68
TREASURE IS-----	04-70
POLK-----	05
AUBURNDALE-----	05-30
BARTOW-----	05-32
COMBEE SETTLEMENT-----	05-31
CYPRESS GDNS-----	05-37
DAVENPORT-----	05-34
DUNDEE-----	05-36
E AUBURNDALE-----	05-33
EAGLE LK-----	05-38
FLA S CLG-----	05-64
FROSTPROOF-----	05-42
FT MEADE-----	05-44
HAINES CITY-----	05-46
LAKELAND-----	05-52
LK ALFRED-----	05-48
LK HAMILTON-----	05-50
LK HOLLOWAY-----	05-53
LK WALES-----	05-54
MULBERRY-----	05-56
POLK CITY-----	05-60
W WINTER HAVEN-----	05-55
WAHNETA-----	05-61
WINSTON-----	05-35
WINTER HAVEN-----	05-62
PALM BEACH-----	06
ATLANTIS-----	06-28
BELLE GLADE-----	06-30
BELVEDERE HOMES-----	06-31
BOCA RATON-----	06-32

PLACE	CODE
BOYNTON BCH-----	06-34
BRINY BREEZES-----	06-36
CLOUD LK-----	06-38
DELRAY BCH-----	06-40
FLA ATL UNIV-----	06-95
GREENACRES CITY-----	06-42
GULF STREAM-----	6-44
HAVERHILL-----	06-46
HIGHLAND BCH-----	06-48
HYPOLUXO-----	06-50
JUNO BCH-----	06-52
JUPITER-----	06-54
JUPITER INLET CLNY-----	06-56
LAKE PK-----	06-60
LANTANA-----	06-64
LK CLARKE SHORES-----	06-58
LK WORTH-----	06-62
MANALAPAN-----	06-66
MANGONIA PK-----	6-68
N PALM BCH-----	06-70
OCEAN RIDGE-----	06-72
PAHOKEE-----	06-74
PALM BCH-----	06-76
PALM BCH AFB-----	06-75
PALM BCH GDNS-----	06-78
PALM BCH SHORES-----	06-80
PALM SPGS-----	06-82
RIVIERA BCH-----	06-84
ROYAL PALM BCH-----	06-86
S PALM BCH-----	06-90
SOUTH BAY-----	06-88
TEQUESTA-----	06-92
W PALM BCH-----	06-94
WEST GATE-----	06-93
ORANGE-----	07
APOPKA-----	07-30
AZALEA PK-----	07-44
BAY LK-----	7-31
BELLE ISLE-----	07-32
CONWAY-----	07-47
EATONVILLE-----	07-34
EDGEWOOD-----	07-35
FAIRVIEW SHR-----	07-36
FLA TECH UNIV-----	07-55
HOLDEN HILLS-----	07-49
LK BUENA VISTA-----	07-53
LOCKHART-----	07-51
MAITLAND-----	07-40

COUNTY/CITIES (PLACE) CODES

PLACE	CODE	PLACE	CODE
MCCOY AFB-----	07 56	UNIV OF W FLA-----	09-64
MT. DORA-----	07-39	W PENSACOLA-----	09-63
OAKLAND-----	07-41	WARRINGTON-----	09-62
OCOE-----	07-42		
ORLANDO-----	07-46	BROWARD-----	10
ORLANDO AFB-----	07-58	BROADVIEW PK/RK HL--	10-37
ORLOVISTA-----	07-43	BROWARDALE-----	10-29
PINEHILLS-----	07-48	CARVER RANCH EST----	10-39
SKY LK-----	07-45	COCONUT CRK-----	10-28
UNION PARK-----	07-70	COLLIER MNR/CRSTHN--	10-35
WINDERMERE-----	07-50	COOPER CITY-----	10-30
WINTER GDN-----	07-52	CORAL SPGS-----	10-31
WINTER PK-----	07-54	DANIA-----	10-32
		DAVIE-----	10-34
VOLUSIA-----	08	DEERFIELD BCH-----	10-36
BETHUNE COOKMAN CL---	08-62	FT LAUDERDALE-----	10-38
BAYTONA BCH-----	08-30	HACIENDA-----	10-41
DAYTONA BCH AIRPRT---	08-33	HALLANDALE-----	10-40
DAYTONA BCH SHORES---	8-32	HILLSBORO BCH-----	10-42
DE BARY-----	08-34	HOLLYWOOD-----	10-44
DE LAND-----	08-36	HOLLYWOOD RDG FARM--	10-46
DE LEON SPGS-----	08-39	LAKE FOREST-----	10-47
DELTONA-----	08-37	LAUDERDALE BY SEA---	10-48
EDGEWATER-----	08-38	LAUDERDALE LKS-----	10-50
HOLLY HILL-----	08-40	LAUDERHILL-----	10-52
LK HELEN-----	08-42	LAZY LK-----	10-54
NEW SMYRNA BCH-----	08-44	LIGHTHOUSE PT-----	10-56
OAK HILL-----	08-46	MARGATE-----	10-60
ORANGE CITY-----	08-48	MELROSE PK-----	10-61
ORMOND BCH-----	08-50	MIRAMAR-----	10-62
ORMOND BY THE SEA----	08-41	N ANDREWS TER-----	10-67
PIERSON-----	08-52	N LAUDERDALE-----	10-63
PONCE INLET-----	08-54	OAKLAND PK-----	10-64
PT ORANGE-----	08-56	PARKLAND-----	10-71
S DAYTONA-----	08-60	PEMBROKE PINES-----	10-68
S PENINSULA-----	08-61	PEMBROKE PK-----	10-66
SEVILLE-----	08-58	PLANTATION-----	10-70
STETSON UNIV-----	08-64	POMPANO BCH-----	10-72
		POMPANO BCH HIGHLA--	10-65
ESCAMBIA-----	09	RIVERLAND VILL-----	10-69
BRENT-----	09-28	SEA RANCH LKS-----	10-74
CANTONMENT-----	09-30	SUNRISE-----	10-76
CENTURY-----	09-32	TAMARAC-----	10-77
CORRY FIELD NAS-----	9-66	W HOLLYWOOD-----	10-78
ELLYSON FIELD NAS-----	9-68	WILTON MNRS-----	10-80
ESCAMBIA NAS-----	09-72		
MYRTLE GROVE-----	09-40	ALACHUA-----	11
PENSACOLA-----	09-50	ALACHUA-----	11-30
SAUFLEY FIELD NAS-----	09-70	ARCHER-----	11-32

COUNTY/CITIES (PLACE) CODES

PLACE	CODE
GAINESVILLE-----	11 34
HAWTHORNE-----	11-36
HIGH SPGS-----	11-38
LA CROSSE-----	11-39
MICANOPY-----	11-40
NEWBERRY-----	11-42
UNIV OF FLA-----	11-50
WALDO-----	11-60
 LAKE-----	 12
CLERMONT-----	12-30
EUSTIS-----	12-32
FRUITLANDK PK-----	12-34
GROVELAND-----	12-36
HOWEY IN THE HILLS---	12-38
LADY LK-----	12-40
LEESBURG-----	12-42
MASCOTTE-----	12-50
MINNEOLA-----	12-52
MONTVERDE-----	12-53
MT DORA-----	12-54
TAVARES-----	12-60
UMATILLA-----	12-62
 LEON-----	 13
FLA AM UNIV-----	13-30
FLA STATE UNIV-----	13-40
TALLAHASSEE-----	13-50
 MARION-----	 14
BELLEVIEW-----	14-30
DUNNELLON-----	14-32
OCALA-----	14-40
SILVER SPGS-----	14-50
WEST END-----	14-39
 MANATEE-----	 15
ANNA MARIA-----	15-30
BAYSHORE GDNS-----	15-48
BRADENTON-----	15-32
BRADENTON BCH-----	15-34
CEDAR HMMCK/BRAD S---	15-35
HOLMES BCH-----	15-36
LONGBOAT KEY-----	15-38
MEMPHIS-----	15-44
ONECO-----	15-40
PALMETTO-----	15-42
PARRISH-----	15-43
SAMOSET-----	15-46

PLACE	CODE
W BRADENTON-----	15-50
 SARASOTA-----	 16
ENGLEWOOD-----	16-47
GULF GATE EST-----	16-38
KENSINGTON PK-----	16-39
LONGBOAT KEY-----	16-40
NOKOMIS LAUREL-----	16-41
NORTH PORT-----	16-42
RIDGEWOOD HGTS-----	16-52
SARASOTA-----	16-50
SARASOTA S-----	16-43
SARASOTA SE-----	16-49
SARASOTA SPGS-----	16-44
SIESTA KEY-----	16-45
VENICE-----	16-60
VENICE S-----	16-46
 SEMINOLE-----	 17
ALTAMONTE SPGS-----	17-30
CASSELBERRY-----	17-32
LAKE MARY-----	17-38
LONGWOOD-----	17-40
OVIEDO-----	17-44
SANFORD-----	17-60
WINTER SPGS-----	17-70
 LEE-----	 18
BONITA SPGS-----	18-30
CAPE CORAL-----	18-41
FT MYERS-----	18-40
FT MYERS BCH-----	18-42
FT MYERS SE-----	18-43
FT MYERS SW-----	18-46
FT MYERS VL/PIN MN--	18-44
LEE CO ARPT PD-----	18-56
LEHIGH ACRES-----	18-45
N FT MYERS-----	18-47
SANIBEL-----	18-50
TICE-----	18-55
 BREVARD-----	 19
CANOVA BCH-----	19-28
CAPE CANAVERAL-----	19-30
COCOA-----	19-32
COCOA BCH-----	19-34
COCOA WEST-----	19-49
FL INST OF TECHNO---	19-56
INDIALANTIC-----	19-38

COUNTY/CITIES (PLACE) CODES

PLACE	CODE
INDIAN HBR BCH-----	19-40
JUNE PK-----	19-47
KENNEDY SPACE CTR-----	19-64
MALABAR-----	19-60
MELBOURNE-----	19-42
MELBOURNE BCH-----	19-44
MERRITT IS-----	19-45
MIMS-----	19-41
PALM BAY-----	19-46
PALM SHORE-----	19-62
PATRICK AFB-----	19-48
ROCKLEDGE-----	19-50
S PATRICK SHORES-----	19-51
SATELLITE BCH-----	19-52
TITUSVILLE-----	19-54
W EAU GALLIE-----	19-53
W MELBOURNE-----	19-43
ST JOHNS-----	20
FL MEMORIAL CLG-----	20-30
HASTING-----	20-35
ST AUGUSTINE-----	20-49
ST AUGUSTINE BCH-----	20-52
GADSDEN-----	21
CHATTAHOOCHEE-----	21-30
GRETN-----	21-34
HAVANA-----	21-40
QUINCY-----	21-50
PUTNAM-----	22
CRESCENT CITY-----	22-30
INTERLACHEN-----	22-35
PALATKA-----	22-40
WELAKA-----	22-60
BAY-----	23
BAYVIEW-----	23-28
CALLOWAY-----	23-30
CEDAR GRV-----	23-32
HIGHLAND PK-----	23-31
LYNN HAVEN-----	23-34
MEXICO BCH-----	23-40
PANAMA CITY-----	23-50
PANAMA CITY BCH-----	23-62
PARKER-----	23-51
SPRINGFIELD-----	23-52
TYNDALL AFB-----	23-60

PLACE	CODE
ST LUCIE-----	24
FT PIERCE-----	24-40
FT PIERCE NW-----	24-30
PT ST LUCIE-----	24-50
JACKSON-----	25
ALFORD-----	25-28
BASCOM-----	25-52
COTTONDALE-----	25-30
GRACEVILLE-----	25-40
GRAND RIDGE-----	25-42
MALONE-----	25-46
MARIANNA-----	25-50
SNEADS-----	25-51
OSCEOLA-----	26
KISSIMMEE-----	26-40
ST CLOUD-----	26-50
HIGHLANDS-----	27
AVON PK-----	27-30
LK PLACID-----	27-40
SEBRING-----	27-50
SEBRING AP-----	27-51
PASCO-----	28
BEACON SQUIER-----	28-26
BUENA VISTA-----	28-28
DADE CITY-----	28-30
EAST RICHEY LKS-----	28-34
JASMINE EST-----	28-32
LAND O LAKES-----	28-35
NEW PORT RICHEY-----	28-40
PORT RICHEY-----	28-50
SAN ANTONIO-----	28-60
ST LEO-----	28-62
ZEPHYRHILLS-----	28-70
COLUMBIA-----	29
FT WHITE-----	29-50
LAKE CITY-----	29-51
WATERTOWN-----	29-49
HARDEE-----	30
BOWLING GREEN-----	30-40
WAUCHULA-----	30-60
ZOLFO SPGS-----	30-80

COUNTY/CITIES (PLACE) CODES

PLACE	CODE
SUWANNEE-----	31
BRANFORD-----	31-30
LIVE OAK-----	31-40
INDIAN RIVER-----	32
FELLSMERE-----	32-36
GIFFORD-----	32-38
INDIAN RIV SHORES-----	32-40
SEBASTIAN-----	32-50
VERO BCH-----	32-52
VERO BCH S-----	32-54
WABASSO-----	32-60
SANTA ROSA-----	33
EGLIN AFB-----	33-54
GULF BREEZE-----	33-40
JAY-----	33-42
MILTON-----	33-50
WHITING FIELD-----	33-52
DESOTO-----	34
ARCADIA-----	34-30
MADISON-----	35
GREENVILLE-----	35-30
MADISON-----	35-40
WALTON-----	36
DEFUNIAK SPGS-----	36-40
EGLIN AFB	36-50
FLORALA-----	36-54
FREEPORT-----	36-52
PAXTON-----	36-60
PT WASHINGTON-----	36-62
SANTA ROSA BCH-----	36-42
TAYLOR-----	37
PERRY-----	37-50
STEINHATCHEE-----	37-40
MONROE-----	38
BOCA CHICA NAS-----	38-50
ISLAMORADA-----	38-30
KEY COLONY BCH-----	38-40
KEY LARGO-----	38-41
KEY WEST	38-42
LAYTON	38-44
MARATHON	38-45
TAVERNIER	38-52

PLACE	CODE
LEVY-----	39
BRONSON-----	39-30
CEDAR KEY-----	39-32
CHIEFLAND-----	39-34
INGLIS-----	39-40
OTTER CRK-----	39-41
WILLISTON-----	39-60
HERNANDO-----	40
BROOKSVILLE-----	40-30
NASSAU-----	41
CALLAHAN-----	41-30
FERNANDINA BCH-----	41-40
HILLIARD	41 42
YULEE-----	41-60
MARTIN-----	42
HOBE SOUND-----	42-39
INDIANTOWN-----	42-40
JENSEN BCH-----	42-41
JUPITER IS-----	42-42
OCEAN BREEZE PK-----	42-50
OCEAN RIDGE PK-----	42-52
PALM CITY-----	42-53
PT SALERNO-----	42-54
SEWALLS PT-----	42-60
STUART-----	42-62
OKALOOSA-----	43
CRESTVIEW-----	43-30
EGLIN-----	43-34
EGLIN AFB-----	43-62
FT WALTON BCH-----	43-32
LAUREL HILL-----	43-44
MARY ESTHER-----	43-40
NICEVILLE-----	43-42
OCEAN CITY-----	43-36
OKALOOSA CNTY ARPT-----	43-33
SHALIMAR-----	43-46
VALPARIAISO-----	43-60
SUMTER-----	44
BUSHNELL-----	44-30
CENTER HILL-----	44-32
COLEMAN-----	44-34
WEBSTER-----	44-60
WILDWOOD-----	44-62

PLACE	CODE
BRADFORD-----	45
LAWTEY-----	45-39
STARKE-----	45-40
JEFFERSON-----	46
MONTICELLO-----	46-40
CITRUS-----	47
CRYSTAL RIVER-----	47-40
HOMOSASSA-----	47-41
INVERNESS-----	47-42
CLAY-----	48
DOCTORS INLET-----	48-38
GREEN COVE SPGS-----	48-40
KEYSTONE HGTS-----	48-42
LEE FIELD NAS-----	48-46
MIDDLEBURG-----	48-48
ORANGE PK-----	48-44
HENDRY-----	49
CLEWISTON-----	49-40
LA BELLE	49 50
WASHINGTON-----	50
CHIPLEY-----	50-30
EBRO	50 40
VERNON-----	50-50
HOLMES-----	51
BONIFAY-----	51-30
PONCE DE LEON-----	51-40
BAKER-----	52
MACCLENNY-----	52-60
CHARLOTTE-----	53
ENGLEWOOD-----	53-52
PT CHARLOTTE-----	53-54
PUNTA GORDA-----	53-50
DIXIE-----	54
CROSS CITY-----	54-40
CROSS CITY AF STA-----	54-45
HORSESHOE BEACH-----	54-50
GILCHRIST-----	55
TRENTON-----	55-50

PLACE	CODE
HAMILTON-----	56
JASPER-----	56-40
JENNINGS-----	56-42
WHITE SPGS-----	56-60
OKEECHOBEE-----	57
OKEECHOBEE-----	57-50
CALHOUN-----	58
ALTHA-----	58-30
BLOUNTSTOWN	58-32
FRANKLIN-----	59
APALACHICOLA-----	59-30
CARRABELLE-----	59-32
GLADES-----	60
MOORE HAVEN-----	60-40
FLAGLER-----	61
BUNNELL-----	61-30
FLAGLER BCH-----	61-40
LAFAYETTE-----	62
MAYO-----	62-40
UNION-----	63
LK BUTLER-----	63-40
COLLIER-----	64
E NAPLES-----	64-56
EVERGLADES-----	64-40
IMMOKALEE-----	64-50
N NAPLES-----	64-54
NAPLES-----	64-52
WAKULLA-----	65
CRAWFORDVILLE-----	65-30
SOPCHOPPY-----	65-60
ST MARKS-----	65-62
WAKULLA-----	65-64
GULF-----	66
PT ST JOE-----	66-40
WARD RIDGE-----	66-50
WEWAHITCHKA-----	66-52
LIBERTY-----	67
BRISTOL-----	67-30

COUNTY/CITIES (PLACE) CODES

PLACE CODE

PLACE CODE

STATE TAG AGENCY-----68

DEPARTMENT OF TRANSPORTATION DISTRICT SAFETY OFFICES

Central Safety Office

605 Suwannee Street
Tallahassee, FL 32399-0450
(904) 488-3546
SC # 278-3546

District One

801 North Broadway
Bartow, FL 33830-1249
(813) 533-8161
SC # 557-2514

District Two

1901 South Marion Street
Lake City, FL 32055
SC # 881-3252

District Three

U.S. Highway 90 East
Chipley, FL 32428-0607
(904) 638-4320
SC # 767-1283

District Four

3400 W. Commercial Boulevard
Ft. Lauderdale, FL 3309
(305) 777-4362
SC # 436-4362

District Five

719 South Woodland Boulevard
Deland, FL 32720
(904) 943-5333
SC # 373-5333

District Six

1000 N. W. 111th Avenue
Miami, FL 33172
(305) 470-5341
SC # 429-5341

District Seven

11201 N. Malcolm McKinley Dr.
Tampa, FL 33612
(813) 975-6255
SC # 571-6255

ABBREVIATIONS OF STATES

Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
Arkansas	AR	Nevada	NV
California	CA	New Hampshire	NH
Canal Zone	CZ	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
		Ohio	OH
Florida	FL	Oklahoma	OK
Georgia	GA	Oregon	OR
Guam	GU	Puerto Rico	PR
Idaho	ID	Rhode Island	RI
Illinois	IL	South Carolina	SC
Indiana	IN	South Dakota	SD
Iowa	IA	Tennessee	
TN			
Kansas	KS	Texas	TX
Kentucky	KY	Utah	UT

ABBREVIATIONS OF STATES CONT.

Louisiana	LA	Vermont	VT
Maine	ME	Virgin Islands	VI
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	
WI			
Mississippi	MS	Wyoming	WY
Canada	CAN		